

Exhibit 301

NEWS BULLETIN

Hospital Service Corporation

{for}

OF ALABAMA

A DAY PLAN FOR HOSPITAL CARE

Issued by HOSPITAL SERVICE CORPORATION OF ALABAMA

403 Chamber of Commerce Building

MARCH 1, 1939

Birmingham, Ala.



Since the last issue of the Bulletin in November, there have been more than 8,700 residents of Alabama covered for hospital care, and the rate of increase is growing month by month.

In the heart of every true Alabamian there glows the spark of independence. No true citizen wants anything done for him that he can do for himself. Assert your independence. Spurn charity. Join Hospital Service Corporation and choose for yourself your own doctor and your own choice of a hospital when accident or illness overtakes you and members of your family.

Hospital Service Corporation's sole aim is to make every man and woman independent of charity—to provide a PLAN by which all who need hospital care may, for 2c or 3c a day, become a member of this PLAN, who can walk up to the admittance clerk of any of the best hospitals in Alabama and lay his identification card down, and get the best—the preferred—accommodations any of the forty-three affiliated hospitals offer. No questions are asked and money is not mentioned.



IT IS IMPOSSIBLE to buy, in the State of Alabama, a policy of insurance that will be accepted by these forty-three hospitals as FULL CREDIT for admission to these hospitals. This special courtesy is extended to members of Hospital Service Corporation only. It matters not how good an insurance policy you have, the hospitals will require you to make your financial arrangements in advance, and pay your hospital bill when you are dismissed from the hospital. The insurance company, in due course will send you a check as provided in its policy.

More than 8,000 of our members have been admitted to our hospitals, and they are now being admitted at the rate of more than 500 per month. We expect to pay more than 8,000 hospital bills for the members of our PLAN during the Year 1939.

Remember that accident and sickness come to you and members of your family when you are least prepared to meet the hospital bill. What would a hospital bill of \$100.00, or \$150.00 or \$200.00 do to your savings account?



We have in our files literally thousands of letters from our members to whom we have sent their hospital bills to them marked "PAID," who tell us that if they had not been members of our

PLAN they do not know what they would have done.

Be independent and pay your hospital bills in advance at the rate of 2c or 3c a day. Every man fritters away 2c or 3c a day that he could save and pay his hospital bill in advance, as a member of our PLAN.

There is one thing you can *not* get when you need it—our Hospital Service. Better to have it and *not* need it, than to need it and *not* have it. A word to the wise is sufficient. Join Hospital Service Corporation and at the admittance desk of any of our forty-three affiliated hospitals you stand on an equal ground with the millionaire—your credit is good.

We make grateful acknowledgment to the newspapers of Alabama and the Radio stations who have so generously given us space and time: The Birmingham News and Age-Herald, the Birmingham Post, Jasper Advertiser, Eufaula Tribune, Montgomery Advertiser, Pell City News, Decatur Daily, Selma Times, Anniston Star, Gadsden Times, Opelika Daily News, Sylacauga Advance, Huntsville Times, Tri-Cities Daily; Radio Stations: WAPI and WBRC, Birmingham; WJRD, Tuscaloosa; WSFA, Montgomery; WMFO, Decatur, and many others.

On Monday, November 21, 1938, the Associated Hospital Service of New York enrolled its one millionth subscriber. Celebrating this enrollment, Mr. Frank Van Dyk spoke over a coast-to-coast radio program at 2:30 P.M. with the one millionth subscriber, Mr. Louis E. Cromwell of Astoria, Long Island, a mail carrier. Mr. Van Dyk also announced the recent birth of the 10,000th baby under the provisions of an Associated Hospital Service membership. The broadcast has stimulated inquiries from all over the country—Hospital Service Bulletin.

Our largest group at present is the State of Alabama group, composed of more than 1,200 employees of the State. Many of the largest industrial companies, mercantile establishments, public schools, City and County employees, colleges, and professional groups in Alabama are enrolled as members of Hospital Service Corporation.

We are indebted to many of the large employers of labor, State and County Medical Associations, and to hundreds of public spirited citizens who have lent their influence to help us accomplish this worthwhile Community Service to the citizens of Alabama.



A NON - PROFIT COMMUNITY SERVICE

& Dyers
Shop
Life Insurance Co.
& Body Co.
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Co., Inc.

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Bldg. Employees
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College
Beauty Shop

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Administration

E. & Ins. Co.
Supply Co.

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Material Co.

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Employees
State Doctors
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Accident Ins. Co.
Feed Store
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Telephone Co.
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Mill Company
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Life Insurance Co.

Co.
Realty Co.

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CAMDEN

A. C. Carlton & Co.
Alford Jones Motor Co.
Camden Farmers
Camden Motor Co.
Matthews Hardware Co.
McNeill's
Wilcox County Court House
Wilcox County Farmers
Wilcox County Teachers
Wilcox Progressive Era

CARLOWVILLE

Carlowville School

CHASE

Chase Nursery

COLUMBIANA

Shelby County Bd. of Education

CHILDERSBURG

M. J. Cllett Department Store

CULLMAN

Doctor's Group
Eureka Hotel
Yost's 8-10 & 15th Store

DECATUR

Alabama Motors
Ala. State Employment Service
Business & Prof. Women's Club
Decatur City Schools
Decatur Iron & Steel Co.
Dix Company, Inc.
Doctors Group
Garrison's Dry Cleaners
Morgan County Health Dept.
Morgan County Teachers
Tennessee Valley Bank
F. W. Woolworth
W. P. A. Office

DEMOPOLIS

Board of Education
O. & O. Grocery Co.
King Grocery Co.
Marengo Theatre
Marchants Grocery Co.
Mayer Bros.
Sheffield Tractor & Implement Co.
W. P. A.

ENSLEY

Goldstein & Cohen
Troy Laundry Co.

EUFULA

Bloom's Restaurant
Britt Infirmary Employees
City of Eufaula Employees
Cowhee Mills Office
Eufaula Brick Co.
Eufaula City Council
Eufaula Machine Shop
Gull Refining Co.
Oppenheimer's Department Store
Salter Hospital Nurses
Standard Oil Co.
Tremmell Farm Group
Williams Motor Co.
Wilson Grocery Co.

EUTAW

Greene County Bd. of Education

EVERGREEN

Rutland Hardware Company

FAIRFIELD

Board of Education
Smithson Coal Co.
Wren Hardware Company

FAYETTE

McNease & Robertson Hospital

FAYETTEVILLE

Fayetteville Teachers

FAUNSDALE

Faunsdale Farmers

FLORENCE

A & P Tea Co.
Chapman Furniture Co.
City Board of Education
City of Florence

Florence Clinic
Lauderdale County Teachers
Medical Arts Building
Rogers Store
S. O. Toof Printing Co.
State Teachers' College
Tri-Cities Beauty Shop
W. P. A.

FORT DEPOSIT

Golson Motor Co.

GADSDEN

Alabama School of Trades
A & P Tea Co.
Brown-Service
City of Gadsden—Eng. Dept.
County Health Office
Dieque Junior High School
Eleventh Street School
Emma Samson High School
Foreast General Hospital
Gadsden Department Store
Hagedorn Department Store
Hotel-Railch Drug Co.
J. O. Penney Co.
Moore & Glain
National Re-employment Bureau
Reich Hotel
Seare, Roebuck
Southern Bell Telephone Co.
Standard Oil Co.
Striplin School
T. V. A.
U. S. Post Office

GALLION

Gallion Farmers

GOODWATER

Cocsa County Bd. of Education
Goodwater Lumber Co.
Southern Cashier Co.

GREENSBORO

Court House
Male County Board of Education
Peoples Bank
Resettlement Administration
Southern Bell Tel. & Tel. Co.
Soil Conservation Service

GUNTERSVILLE

Business & Prof. Women's Club

HANCEVILLE

Caudell, J. H. Co.

HAYNESVILLE

Lowndes County Court House

HEFLIN

Heflin Court House

HUNTSVILLE

Alabama State Nurses Association
A & P Tea Co.
Armour & Co.
Banker's Department Store
Board of Education
City of Huntsville
Coca-Cola Bottling Works
Department of Public Welfare
Fowler's Cleaners
Gray Furniture Co.
Huntsville Ice & Coal Co.
Huntsville Laundry
Huntsville Times
S. M. Kress Co.
Lawyers Group
Lyrie Amusement Co.
Madison County Agents
Madison County Court House
Madison County Medical Group
Madison County Teachers
Pearnell, H. L. & Sons
J. O. Penney Co.
Regland Bro. Wholesale Gro. Co.
Russell Erskine Hotel
D. C. Sherrill Co.
Southside Beauty & Barber Shop
Tidwell, S. W. Brokerage Co.
White Swan Laundry Co.

HOLT

Central Foundry Co., The

HOMEWOOD

City of Homewood
Homewood Dairy Products Co.

JACKSONVILLE

Jacksonville State Teachers College

JASPER

Alabama Water Service Company
Baker's Garage
Cash Grain Company
Central Elementary School
Chevrolet, A. C. S. Company
City of Jasper
Cleveland Lumber Company
Ellis Truck Line
First National Bank
Hill Grocery Company
Jasper Advertiser
J. M. Hayes & Co.
J. J. Castleberry
Lantrip Drug Company
Mattingly, L. R.
Nashua Manufacturing Co.
Professional Group
Sherer Sales Co.
Southern Hardware Company
Southern Food Stores
Standard Oil Company
Walker Co. Bd. of Education
Walker County High School
Walker County Library
Walker County Oil Company
Warrior Stores, Inc.
Weinstein's
W. P. A.

KNOXVILLE-EUTAW

Post Office Group

LA FAYETTE

LaFayette Court House

LINDEN

Marengo County Court House
W. P. A.

LINEVILLE

Hooten Lumber Co.
Twilley Lumber Co.

MARION

Marion Bank & Trust Co.
Judson College

MARION JUNCTION

Marion Junction Bank
Marion Junction Farmers
Marion Junction, Ind.

MAPLESVILLE

Pickering-Davis Clinic

MONTEVALLO

Alabama College

MONTGOMERY

Alabama Gas Co.
Alabama Ice & Utilities Co.
Alabama Journal
Alabama Lumber & Rating Bur.
Alabama Machinery & Supply Co.
Alabama National Bank
Al Levy's
All States Life Insurance Co.
A & P Tea Co.
Atlantic Company
Baggett Warehouse
Ballard & Ballard
Baptist State Executive Board
Brams, Ward & Hancock
Brown-Service Funeral Co.
Buckeye Oil Co.
Capital Clothing Co.
City of Montgomery Employees
Claire's Beauty Shop
Coca-Cola Bottling Co.
Commercial Credit Co.
Cotton Furniture Co.
Cudaky Packing Co.
Dan Winn Tobacco Co.
Davis Motor Co.
Department of Public Welfare
Dido Drive-It-Yourself
Doctor's Group
Electric Maid Babs Shop
Elite Gate
Empire Laundry Company
Farm Security Administration
Fashion Shop, The
Federal Building
Fenner & Beane
Fidelity Investment Association
Fine Arts Furniture Co.
Firststone Service Stores
First National Bank
Forest Avenue School
Frank Tennille Furniture Co.
Franch Piano Co.
Gay Teague Hotel
Genuine Auto Parts Co.
Geo. A. Hormel & Co.
O. M. A. C.

O. & S. Cleaners
Goodman's Watch Service
Goodrich-Silvertown Stores
Greyhound Bus Terminal
Graystone Hotel
Grimes Motor Co.
Hope Hull Women's Club
Hamilton-Cloud Co.
Hammer-Hall, Kindergarten
Haverly Furniture Co.
Henley Appliances Co.
Hodgson Concrete Co.
Hudson-Thompson Grocery Co.
Hugh Adams Motor Co.
Huntingdon College
Ideal Laundry
Jefferson Davis Hotel
John Danziger
Johnson Tire & Supply Co.
Jones Brothers
Klein & Son
Kress, S. H. Company
Lawyers
Lee's Place
Leah Hardware Co.
Earl O. Lutz—Architect
Mangal's
Marshall Lumber Co.
Mercedita Paper Company
Metropolitan Life Insurance Co.
Mildred Cleaners
Montgomery Abstract & Title Co.
Montgomery Advertiser
Montgomery City Lines
Montgomery County Employees
Montgomery Fair
Montgomery Nurses
Motor Terminal Transp. Co.
My Shop
A. Nachman
Nachman & Meartel
New York Life Insurance Co.
Oak Park Kindergarten
J. G. Pannay Co.
Preferred Life Assurance Society
Pepi-Cola
Requiemers Gravel & Slog Co.
Rosemont Gardens
Ru Dai Beauty Salon
Ruth & Sons
F. S. Royester Gyano Company
St. Margaret's Hospital
Schloss & Kahn Grocery Co.
Seare & Roebuck Co.
Seeger & Harrison
Sellers Grocery Company
Selma Mfg. Co. of Montgomery
Sidney-Landis School
Silver's (H. L. Green, Inc.)
Solomon Bros.
Southern Bell Tel. & Tel. Co.
Southern Life & Health Ins. Co.
Spearman Distributing Co.
State of Alabama Employees
Stalner-Lobman Dry Goods Co.
Surety System
Teachers Group
Teague Hardware Company
The Bootery
The Webber Co.
Travelers Insurance Company
Troy Laundry Company
Turner Bros.
U. S. Treasurer's Accounts
Union Bank & Trust Co.
Universal Credit Co.
Utility Trailer Works
Wall's
Wells Lumber Co.
Western Union
Wilcox, M. P. Produce Co.
Wilson Printing Co.
Winn, S. D. cigar Co.
Woolford Oil Co.
Woolworth, F. W.
W. P. A. District Office
Young's Ice Cream Co.

MT. HEBRON

Farm Group—Mt. Hebron

MUNFORD

Southern Mills Corp.

OHATCHEE

Ohatchee School

ONEONTA

Oneonta Laundry
Oneonta Post Office

OPELIKA

Brown-Service Funeral Co.
City Board of Education
City of Opelika
Doctor's Group
East Alabama Hospital, Nurses
James, Lee
Opelika Creamery
Bacon, C. D.
Southern Bell Tel. & Tel. Co.
Vaughan, W. H. & Son

PELL CITY

Martin, Dr. R. A., Employees
Pell City Drug Company
Pell City Teachers Group
St. Clair Motor Co.

PRATTVILLE

Monetel, W. H.

ROANOKE

A. B. & C. R. R. Depot
Bailly Shoe Store
Dandally Drug Co.
Farm Emp. of Dr. A. J. Gay
Handley, W. A. Manufacturing Co.
Head Marble & Granite Works
Knight Sanatorium
Professional Group
Quattibaum Funeral Home
Roanoke City Schools
Schussler & Company
Usary, Dr. O. C.

ROCKFORD

Board of Education

ROCK MILL

Wehadkee Yarn Mill

RUSSELLVILLE

Franklin County Court House
Russellville Hospital

SELMA

Academy Theatre
L. O. Adler Furniture Co.
Agricultural Conservation Assn.
Alabama City Co.
Alabama Methodist Orphanage
American Candy Mfg. Co.
V. B. Atkins Grocery Co.
Barker Bakery
Barton's
Benderly & Son
Bloch Brothers—Wholesale Hdw.
Breadin Service Funeral Home
Brown-Service Funeral Co.
Bunkys Cotton Oil Co.
Carr Motor Company
Cawthon-Coleman Who. Drug Co.
Central Alabama Dry Goods Co.
Central Alabama Hardware Co.
Chamber of Commerce
City Barber and Beauty Shop
City Clerk Group
City Ice Delivery Co.
City National Bank
Coca-Cola Bottling Co.
Cothran Grocery Co.
Court House
Dallas County Bd. of Education
Dallas County Board of Revenue
Dallas Compress Co.
Dallas County Farm Bureau
Dallas Furniture Company
Dental Association
Eagle, B. & Sons
Farmers' Truck & Tractor Co.
Faulk-Temple Lumber Co.
Gillis Radio Appliance Co.
Gibson Candy Company
Grede "A" Milk Co.
Gulf Refining Co. Filling Station
Hanna Manufacturing Co.
Mill Grocery Co.
Hollis-Vauph'n Oil Co.
Industrial Life & Health
Julien Ellensburg
Kayser & Company
King Memorial Hospital
S. H. Kress Co.
Lamar Grocery Company
Lipman-Ball Company
M. Hohenberg & Co.
Mallory & Mallory
Mangel's Women's Apparel
Mary Jane Beauty Shop
McLean Grocery Co.
Meyer Shoe Co.
Miller & Co., Inc.
Ministers

New East End Market
Nurses Group
Osburn Grocery and Market
Pattillo & Russell
J. C. Penney Co.
People's Bank & Trust Co.
W. D. Peckhite Grocery Co.
Piggly-Wiggly
Riley Motor Company
Rothchild Mercantile Co.
Selma Baptist Hospital
Selma City Schools
Selma Coffee Company
Selma Compress Co.
Selma Del. & Rest.
Selma Foundry & Machine Co.
Selma Hardware Company
Selma Independent Group
Selma Manufacturing Co.
Selma Marble & Granite Works
Selma National Bank
Selma Steam Laundry
Selma Times-Journal
Selma Tin Shop
Sherrer Coal & Transfer Co.
Sims Morgan Lumber Co.
Skinner Oil Co.
Sou. Oil, & Notion Co.
Southern Ball Telephone Co.
Southern Furniture Co.
Southern Railroad
Standard Oil Co.
Stewart, King & McKennie
Swift & Co. Oil Mill
Swift Drug Co.
Tavern Cafe
Tappan Company
Tate's Vogue
Tillman Drug Company
Tim's Cafe
Tinder Hardware Co.
U. S. Post Office
Tuscan Memorial Hospital
Ward, F. J.
Waterman Steamship Corp.
Western Railroad of Alabama
Western Union
White Way Cleaners
Wilson & Son
Williams Dime Taxi
F. W. Woolworth Co.
Y. M. C. A.

SHEFFIELD

A & F Tea Co.
Burns Transportation Co.
Doctors
Israel Bros. Wholesale Grocery
Sheffield Hotel Dining Room
Sheffield Hotel Employees
Southern Cotton Oil Co.
Southern Railroad
Teachers' Group
Tennessee Valley Bank-Chain
Tri-Cities Ministerial Assn.
Tri-Cities Pibg. & Elec. Co.
Universal Electric Const. Co.

SILURIA

Siluria Independent Group
Siluria Mercantile Co.
Siluria Teachers

SPRINGVILLE

Simmons Motor Co.

SYCAMORE

Avondale Mills Office
Teachers Group

SYLACAUGA

Avondale Mills—Payroll Dept.
Baton Grocery Co.
Brown-Service Funeral Co.
Business & Prof. Woman's Club
B. B. Comar Mem. School
City of Sylacauga Employees
Collins Motor Co.

Daniels Lumber Co.
Dark Pressing Shop
Duke Lumber Co.
Goldberg Bros.
S. P. Hagan & Son
Hagan Drug Co.
Jordan Insurance Agency
Metropolitan Life Insurance Co.
Mar. & Planter National Bank
O'Neal Farm Service Station
Palace Drug Company
Pence Lumber Company
Post Office
Ralph Lumber Co.
Rotary Club
Silvermoon Cafe
Southeastern Casket Factory
Southern Ball Telephone Co.
Southern Cotton Oil Co.
Sylacauga Barber Shop
Sylacauga Board of Education
Sylacauga Fertilizer Co.
Sylacauga Ice Cream Co.
Sylacauga Ice & Coal Co.
Sylacauga Infirmary
Sylacauga Motor Co.
Sylacauga Public Schools
F. W. Woolworth Co.
W. F. A. Project

TALLADEGA

Alabama School for Deaf
Alabama Power Company
Bemis, Others Bag Company
Bruner Bowdon Company
Chacha Motor Co.
City Board of Education
City of Talladega
County Board of Education
County Employees Group
Economy Auto Stores
Gardens Supply Co.
Gillum Flour & Feed Store
Goldberg & Lewis Company
Gulf Refining Co.
Henderson Drug Company
Isbell National Bank
Kellay Tire Company
Michael Supply Co.
Naurio B. Golden Group
Newbury Manufacturing Co.
Presbyterian Orphanage
Rita Theatre
Security Finance Company
Smith Dry Cleaning Company
Somerset Cotton Mills
Southern Ball Telephone Co.
Starr & Pounds Lumber Co.
Style Shop
Talladega County School
Talladega Foundry & Machinery Co.
Talladega County Court House
Talladega Hardware Company
Talladega Ice & Cold Storage
Talladega Supply Co.
U. S. Department of Agriculture
U. S. Forest Service
W. F. A.
F. W. Woolworth Co.

THOMASVILLE

Kimbrough, J. W.

TOWN CREEK

Lawrence County Bd. of Ed.

TROY

City Board of Education
Rosenberg Bros.
State Teachers' College
Troy Grocery Co.

TUSCALOOSA

Alabama Theatres, Inc.
Allen-Jamison Co.
Brown-Service Funeral Co.
City Board of Education
City National Bank

City of Tuscaloosa
Coca-Cola Bottling Company
County Board of Education
County of Tuscaloosa
Dentists
Doctors
Fair Electric Co.
First National Bank
Goldstein, Carl
Gulf States Paper Corp.
House Mothers U. of A.
Jonas & Spelgner
S. H. Kress
Lustly's Book Store
Mangy's
Mitchum, W. F.
Molaster Hotel
N. Y. A.
J. C. Penney Co.
Perry Creamery Co.
Pitts Merc. Co.
Price's Market
Resettlement Administration
Reynolds' Beauty Shop
Sears & Roebuck Co.
Sokol Bros.
Sumter Farm & Steak Co.
University of Alabama
University Supply Store
U. S. Veterans' Hospital
Vogue, The
Ward Drug Co.
Wesol Co.
W. F. A.
Woolworth's, F. W.

TUSKEGEE

Southern Ball Telephone Co.
Edwards Motor Co.
County Welfare Group

TUSCUMBIA

Brown-Service Funeral Co.
Chamber of Commerce
Colbert County Teachers
County House
Dentists
Palace Drug Store
Reed's Dept. Store
Teachers' Group
Tri-Cities Nurses

UNIONTOWN

California Cotton Mills
Canabake Loan & Trust Co.
T. F. Hunkabae Co.
J. H. White Mercantile Co.
Hatch Motor Company
Langhorne Drug Company
Singleton Williams Gro. Co.

VERNON

Lamar County Employees

WARRIOR

Bowers, L. A.
McCurry Furniture Co.
Riverside Coal Co.

WETUMPKA

Service Dry Cleaning Co.
Wetumpka General Hospital
Wetumpka Printing Co.

WEDOWEE

Green, J. L. B. Store
Wedowee Court House

WOODWARD

Woodward Iron Co.—Office

*A supplemental list of groups added since the foregoing list was printed,
November 15, 1938, will be found on next page*

Supplemental List

BIRMINGHAM

A & R Food Store
 Absaromble Reading Co.
 Ala. Auto Storage Co.
 Alameda Co.
 American Laundry Co.
 Anderson Brass Works
 Associated Manufacturers
 Auto Lee Stores, Inc.
 Birmingham Athletic Club
 Birmingham Conservatory of Music
 Birmingham Paint & Glass Co.
 Birmingham Water Works Co.
 Borman's Store No. 3
 Brown-More Company
 Bryd Road Estate Co.
 Cities Sales Corp.
 Cook's Bear Company
 Dalley's Inc.
 Delta Air Lines
 Dixie Office Co.
 Dr. Beale Harris Clinic
 Edgewood Beauty Shop
 Federal Barge Lines
 Fulmer Coal Co.
 J. R. Godfrey Grocery Co.
 Goodyear Tire & Rubber Co.
 Graham Paper Co.
 Hercules Powder Co.
 Johnston Little Oil Co.
 Kaufman's, Inc.
 Le Dams Cleaners
 Manhattan Rubber Co.
 McConnell, White & Terry
 McCormack Motor Co.
 Melba Cafeteria
 Mountain Brook County Club
 Olin's Barbours
 St. Vincent's Student Nurses
 St. Vincent's Hospital Employees
 Silver's
 Simmons Electric Co.
 Singer Sewing Machine Co.
 Southside Quality Market
 Staley Loan Co.
 The Starr Piano Co.
 Tom Jones Laundry
 V. W. Wood & Co.
 White Dairy Co.
 Wilson & Co.
 Wimberly & Thomas Hardware Co.
 Wright's Bakery
 Y. M. M. A.

ADOER

Parker's Store

ANNISTON

Alabama Pipe Co.—Office Staff
 Calhoun County Bd. of Ed.
 Calhoun Co. Dept. of Pub. Welfare
 Calhoun Creamery
 Cee, Carter Furniture Co.
 Commercial National Bank
 M. L. Green Co.
 Davis Rochell Motors, Inc.
 Edwards Cigar Co.
 Farmers' Supply Co.
 E. L. Forbes & Sons Piano Co.

Hitney Jungle No. 2
 King Metal Products Co.
 S. H. Kress & Co.
 Margaret Harbor Seminary
 Pope Dry Cleaning Co.
 Rita Beauty Shop
 W. P. A.

AUBURN

Pineview Dairy

BESSEMER

S. H. Kress Co.
 Nashville Bridge Co.

BLOCTON

Bibb County Teachers

CLANTON

Chilton County Board of Ed.
 Hayes Chevrolet Co.
 Taylor Wholesale Gro. Co.

CULLMAN

City of Cullman
 Cullman City Schools
 Sinclear Refining Co.

DECATUR

Benevolent Society Hospital
 City of Decatur Employees
 Decatur Loan Companies

DEMOPOLIS

Brown-Service

ELBA

City of Elba Employees
 Dorsey Brothers

ENSLEY

Ensley Auto Service

FAYETTE

Alabama Telephone Co.
 Fayette Concrete Pipe Co.
 M & M Chevrolet Co.
 Richards Theatres
 T. H. Robertson & Son

FALKVILLE

Drinkard Burial & Ins. Co.

FORT DEPOSIT

Norman Trading & Milling Co.
 Price Lumber Co.

GADSDEN

Farrest Gen. Hosp.—Stu. Nurses
 Holy Name of Jesus Hospital
 W. P. A. Group

GREENVILLE

Butler County Board of Ed.
 Smith Engineering & Constn. Co.
 Spahr Hospital

HALEYVILLE

Willis Doss Store

HUNTSVILLE

Brown-Service
 Dallas Mfg. Co.
 First Nat'l Bank of Huntsville
 Huntsville Hospital
 Southern Cotton Oil Co.
 F. W. Woolworth's
 W. P. A.

HURTSBORO

Ellison's Gen. Merchandise Store

JASPER

Walker County Hospital

MILLPORT

Millport Motor Co.

MOBILE

Armour & Co.
 Commonwealth Life Ins. Co.
 Cowart's Marinello Beauty Shop
 C. J. Gayfar & Co.
 Gulf Coast Tobacco Co.
 Dept. of Public Welfare
 Higgins Mortuary
 Metzger Bros.
 Mobile City & County Teachers
 Rouge Box Beauty Shop
 The Battle House
 The Powers Co.
 Works Progress Administration

MONTGOMERY

Betty Joyce Shop
 Cathay-Flack Hardwoods, Inc.
 Cloverdale Grocery Co.
 Harrison McClure Motor Co.
 Intarstate Oil Co.
 Knox Grocery Co.
 Lawrence Furniture Co.
 Malone Freight Lines
 McConnell Bros.
 Montgomery Fair
 Peoples Clothing Store
 Rainer Packing Co.
 Schaeffer Jewelry Co.
 West Boylston Mfg. Co.—Executive
 Whitley Hotel
 Wood Preserving Co.

ONEONTA

Blount County Board of Ed.

OPELIKA

Coca-Cola Bottling Co.

OXFORD

Horne Grocery Co.
 Nu Grape Bottling Co.

PELL CITY

St. Clair County Board of Ed.

PRATTVILLE

Autauga County Board of Ed.

RUSSELLVILLE

Franklin County Times
 Franklin Theatre

SELMA

Central City Laundry

SHEFFIELD

Colbert County Hospital

SYLACAUGA

The Leader
 Vesta Miller Lumber Dealer

TARRANT

Tarrant City L. and of Education

TROY

Baptist Orphanage
 Board Memorial Hospital
 Brown-Service
 Edge Clinic
 Edge Hospital
 P. O. Black Employees

TUSCALOOSA

Druid City Hospital
 Dr. Pepper Bottling Co.
 88 U-Drive-It Co.
 Pug's Place

VERNON

Lamar County Bd. of Education

What the Group Hospital Service Plan Provides

- 21 days of hospital care in each year, except in maternity cases 7 days only are allowed.
- Private Room and Board (3c a day cost, or
- Ward Bed (2c a day cost).
- Use of Operating Room (as often as necessary).
- Maternity Service arising 12 mos. after date of contract (including delivery room and care of new born babe).
- Routine Medicines.
- Routine Laboratory.
- Dressings.
- General Nursing care
- Supplies for Anesthesia.
- All customary hospital service.

ITEMS NOT INCLUDED:

1. Services rendered by medical profession.
2. Special nurses nor their board.
3. Special Laboratory examinations which involve the services of the medical profession, as pathologist and x-ray.
4. The administration of anesthesia.

What It Costs

Private Room Service (Standard \$5 per day Room)

Individual	Monthly	Annual
Individual	\$.80	\$10.00
Husband and Wife	1.80	20.00
Husband, Wife and all children under 16 years old	2.20	25.00

Ward Service

Individual	\$.60	\$ 7.00
Husband and Wife	1.20	14.00
Husband, Wife and all children under 16 years old	1.80	17.80

YOU Should join
 H. S. C. of Ala.

Reasons Why

- Not operated for profit.
- No catch in the Contract.
- No Red Tape.
- No assessments.
- No enrollment fee.
- A practical family PLAN.



HOSPITAL SERVICE CORPORATION OF ALABAMA

403 Chamber of Commerce Building
BIRMINGHAM, ALABAMA

Mobile Branch Office:
802 First National Bank Building

Montgomery Branch Office:
701 First National Bank Building

Officers
President.....A. C. Jackson, M.D.
Vice-President.....Sister Lydia
Secretary.....D. S. Moore, M.D.
Treasurer.....C. N. Caraway, M.D.
Ed S. Moore, Manager
Wm. N. Burchfield, Director of Enrollment

Any Certificate Holder will be cordially welcomed to any of the following hospitals.

These are our affiliated hospitals:

Anniston.....Garner Hospital
Athens.....Powers Hospital
Bessemer.....Bessemer General Hospital
Birmingham.....Norwood Hospital
Birmingham.....St. Vincent's Hospital
Birmingham.....South Highland Infirmary
Birmingham.....Highland Ave. Baptist Hospital
Birmingham.....West End Baptist Hospital
Birmingham.....Hargis Clinic Hospital Annex
Birmingham.....Children's Hospital
Clanton.....Central Alabama Hospital
Decatur.....Benevolent Society Hospital
Eufaula.....Britt Infirmary
Eufaula.....Balter Hospital
Fayette.....McNane & Robertson Hospital
Florence.....Elias Coffey Memorial Hospital
Gadsden.....Holy Name of Jesus Hospital
Gadsden.....Forrest General Hospital
Greenville.....Spier Hospital
Greenville.....Stabler Infirmary
Huntsville.....Huntsville Hospital
Jackson.....South Alabama Hospital
Jasper.....Walker County Hospital
LaFayette.....Wheeler Hospital
Mobile.....Mobile Infirmary
Mobile.....Providence Hospital
Montgomery.....Saint Margaret's Hospital
Montgomery.....Fitts Hill Hospital
Montgomery.....Hubbard Hospital
Opelika.....Opelika Infirmary
Pell City.....Pell City Infirmary
Roanoke.....The Knight Sanatorium
Russellville.....Russellville Hospital
Selma.....King Memorial Hospital
Selma.....Selma Baptist Hospital
Selma.....Vaughan Memorial Hospital
Sheffield.....Colbert County Hospital
Sylacauga.....Sylacauga Infirmary
Talladega.....Citizens Hospital
Troy.....Beard Memorial Hospital
Troy.....Edge Hospital
Tuscaloosa.....Druid City Hospital
Wetumpka.....Wetumpka General Hospital
York.....Hill Hospital

The cities shown on map indicate the locations of our hospitals

Names and Locations of Field Representatives

Birmingham.....Mr. George Spencer	Mobile.....Mrs. Monte Payne
Calera.....Mr. E. Starke McClanahan	Montgomery.....Mr. Roy H. Braxil
Camden.....Mrs. J. A. Cook	Montgomery.....Mr. Sam C. Ohlson
Cullman.....Mr. Roy W. Williams	Montgomery.....Mr. Morris Raines
Decatur.....Mr. Howard M. Bales	Greenville.....Mr. Frank O. Patterson
Demopolis.....Mrs. Helen H. Wood	Oneonta.....Mrs. E. J. Dally
Eufaula.....Mrs. J. M. Barr	Pell City.....Mrs. E. P. Bradshaw
Eutaw.....Miss Elizabeth Archibald	Prattville.....Miss Jennie Quinn Graham
Gadsden.....Mrs. T. S. McDiarmid	Russellville.....Miss Betty Collier
Greensboro.....Mrs. Alice Good Stathart	Selma.....Mrs. L. J. Poole
Oroville.....Mr. Blinn Sheffield	Sylacauga.....Mrs. Lloyd Shinn
Haynesville.....Mrs. Louise Shochan	Talladega.....Mr. Joseph E. Bryant
Jasper.....Mr. O. W. Hall	Troy.....Mr. Owen Leary
Mobile.....Miss Octavia Farley	Wadsworth.....Mrs. Henry Arnold
	Wadsworth.....Mr. J. L. Edmondson
Anniston.....Mr. Edgar M. Parkman	
Auburn.....Mrs. Nancy D. Bynum	
Birmingham.....Mrs. Grace de Graffunder	
Birmingham.....Mrs. Peggy H. Lokey	
Birmingham.....Mr. Terry Morris	
Birmingham.....Mr. J. Ward Nelson	
Birmingham.....Mrs. Sarah E. Perry	

Mr. Eustice Raines, Birmingham, Ala., Supervisor of North Alabama
Wm. N. Burchfield, Birmingham, Ala., Director of Enrollment

DR. A. C. JACKSON, PRESIDENT
SISTER LYDIA, VICE-PRESIDENT
DR. D. S. MOORE, SECRETARY
DR. C. N. CARRAWAY, TREASURER
ED S. MOORE, MANAGER

EXECUTIVE COMMITTEE
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DR. D. S. MOORE DR. T. B. HUBBARD
DR. C. N. CARRAWAY DR. F. H. CRADDOCK
C. L. SIBLEY

HOSPITAL SERVICE



CORP. OF ALABAMA

2119 FIRST AVENUE, NORTH

BIRMINGHAM, ALABAMA

February 27, 1942.

TO OUR AFFILIATED HOSPITALS:

Re: Amendment to-
Alabama Inter-Hospital Service Contract.

At the annual meeting of the Board of Trustees, it was ordered that certain amendments to the Alabama Inter-Hospital Service Contract be submitted to the affiliated hospitals for their consent to said amendments:

On the 13th day of February 1942, these amendments were submitted to you by mail and your consent was requested. A majority of the affiliated hospitals, through their legal representatives, have given their consent and these amendments will be come operative as provided in Article IX of the By-laws which read as follows:

"This contract may be amended or modified in any respect by the affirmative vote of a majority of the representatives of the participating hospitals present in person or by proxy at any meeting of the Board of Trustees of the Corporation, or may be amended by the duly executed written consent of a majority of such representatives, provided the notice of such meeting or such written consent, as the case may be, contain an exact copy of the proposed amendment or modification, said amendment or modification to become effective on the last day of the calendar month following the month in which such amendatory action is taken."

Therefore, after March 31, 1942, the per diem to you for hospitalization of our members will be \$4.50 under Ward Service contracts and \$6.50 under private room contracts. No change will be made in pregnancy cases and the per diem in pregnancy cases will continue at \$5.00 under Ward contracts and \$7.00 under Private room contracts.

Very truly yours,

ESM:ks

Manager

DR. A. C. JACKSON, PRESIDENT
SISTER LYDIA, VICE-PRESIDENT
DR. D. S. MOORE, SECRETARY
DR. C. N. CARRAWAY, TREASURER
ED S. MOORE, MANAGER

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C. L. SIBLEY

HOSPITAL SERVICE

2119 FIRST AVENUE, NORTH



CORP. OF ALABAMA

BIRMINGHAM, ALABAMA

*Proper name
these 11-11-42
9.5.M.*

Re: Certificate #

Gentlemen:

The above named patient, who was admitted to your hospital is a member of this Association in good standing and entitled to days of care under the terms of our Hospital Service Plan, except in Pregnancy cases, and all cases incident to pregnancy, only 7 days per year are allowed. We enclose a folder in which you will find listed the hospital services that would be available to this patient in any one of our participating hospitals as a benefit of membership in this Plan. Please note also the types of hospital and professional services that are not provided as benefits of membership. This Association will assume responsibility for the actual expense incurred by this patient in your hospital for any services rendered that would be qualified as benefits of membership if the patient were in a participating hospital of this Plan, but in no event may the total liability of this Association exceed the established rate of payment to member hospitals, currently:

\$10.00 for a one day's stay
\$16.00 for a two days' stay
Three days and up \$6.50 per day. (Private room)
Three days and up \$4.50 per day. (Ward contracts)
\$7.00 per day for 7 days in Pregnancy cases, or cases incident to pregnancy in any one year, or in any one pregnancy. (Private room)
\$5.00 per day for 7 days in Pregnancy cases, or cases incident to pregnancy in any one year, or in any one pregnancy. (Ward contracts)
In Caesarean sections the above rates of \$7.00 and \$5.00 will be the per diem rates for 14 days.

In computing the liability of this Association, the day of admission and day of discharge are counted together as one day.

On discharge of this patient please submit an itemized hospital service statement, using our form. If the patient occupies Ward or Private room accommodation please bill at your regular rate. We do not have a semi-Private room contract. Payment will be made by this Association directly to the hospital unless the hospital bill is paid by our member.

Yours very truly,

HOSPITAL SERVICE CORPORATION OF ALABAMA

ESM:ks
Encl.

Manager.

DR. A. C. JACKSON, PRESIDENT
 SISTER LYDIA, VICE-PRESIDENT
 DR. D. S. MOORE, SECRETARY
 DR. C. N. CARRAWAY, TREASURER
 ED S. MOORE, MANAGER

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 DR. C. N. CARRAWAY DR. F. H. CRADDOCK
 C. L. SIBLEY

HOSPITAL SERVICE

CHAMBER OF COMMERCE BLDG.



CORP. OF ALABAMA

BIRMINGHAM, ALABAMA

Re: Certificate #

Gentlemen:

The above named patient, who was admitted to your hospital is a member of this Association in good standing and entitled to days of care under the terms of our Hospital Service Plan, except in Pregnancy cases, and all cases incident to pregnancy, only 7 days per year are allowed. We enclose a folder in which you will find listed the hospital services that would be available to this patient in any one of our participating hospitals as a benefit of membership in this Plan. Please note also the types of hospital and professional services that are not provided as benefits of membership. This Association will assume responsibility for the actual expense incurred by this patient in your hospital for any services rendered that would be qualified as benefits of membership if the patient were in a participating hospital of this Plan, but in no event may the total liability of this Association exceed the established rate of payment to member hospitals, currently:

\$10.00 for a one day's stay
 \$16.00 for a two days' stay
 From 3 to 21 days \$6.50 per day. (Private room)
 From 3 to 21 days \$4.50 per day. (Ward contracts)
 \$7.00 per day for 7 days in Pregnancy cases, or
 cases incident to pregnancy in any one year (Private rm)
 \$5.00 per day for 7 days in Pregnancy cases, or cases
 incident to pregnancy in any one year. (Ward service).
 In Caesarean sections the above rates of \$7.00
 and \$5.00 will be the per diem rates for 14 days.

In computing the liability of this Association, the day of admission and day of discharge are counted together as one day.

On discharge of this patient please submit an itemized hospital service statement, using our form. If the patient occupies Ward or Private room accommodation please bill at your regular rate. We do not have a semi-Private room contract. Payment will be made by this Association directly to the hospital unless otherwise advised by you.

Yours very truly,
 HOSPITAL SERVICE CORPORATION OF ALA.

Manager.

ESM:ks
 Encl.

DR. A. C. JACKSON, PRESIDENT
 SISTER LYDIA, VICE-PRESIDENT
 DR. D. S. MOORE, SECRETARY
 DR. C. N. CARRAWAY, TREASURER
 ED S. MOORE, MANAGER

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 DR. C. N. CARRAWAY DR. F. H. CRADDOCK
 C. L. SIDLEY

HOSPITAL SERVICE

2119 FIRST AVENUE, NORTH



CORP. OF ALABAMA

BIRMINGHAM, ALABAMA

*Began
 using these
 11-11-42
 ESM*

TO OUR MEMBERS
 ENTERING U.S. MILITARY SERVICE;

We hope you married men will continue your certificates in force for the protection of your wives and children, and upon discharge from the Military Service promptly revive your coverage.

1. Upon request we will cancel you off the certificate when you join the Military Forces of the Government, and you will be privileged to file a new application not later than 60 days after discharge from the Armed Forces. The application will be handled as originally and, if approved, a new certificate will be issued to you.
2. We will continue the certificate in force with full benefits to the dependents, that is wife and children, of the subscriber or member upon payment of regular dues for the dependents while the subscriber is in the Armed Forces.
3. In case the subscriber or member is a single man we will agree to cancel your membership upon request during your stay in the Military Service and you will be privileged to file a new application not later than 60 days after discharge from the Armed Forces. The application will be handled as originally and, if approved, a new certificate will be issued to you.

We are glad to extend this courtesy and benefit to you.

With every good wish, we are

Yours very truly,

Ed Moore

Manager.

ESM:ks

DR. A. C. JACKSON, PRESIDENT
SISTER LYDIA, VICE-PRESIDENT
DR. D. S. MOORE, SECRETARY
DR. C. N. CARRAWAY, TREASURER
ED S. MOORE, MANAGER

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C. L. SIBLEY

HOSPITAL SERVICE

2119 FIRST AVENUE, NORTH



CORP. OF ALABAMA

BIRMINGHAM, ALABAMA

TO OUR MEMBERS
ENTERING U.S. MILITARY SERVICE:

We hope you married men will continue your certificates in force for the protection of your wives and children, and upon discharge from the Military Service promptly revive your coverage and we want our single men who are members to revive their membership promptly upon discharge from Military Service.

1. We will cancel the certificate of any subscriber or member who enters the U.S. Military service, and re-write his certificate under the conditions set out in this letter.
2. We will continue to extend the certificate in force with full benefits to the dependents of the subscriber or member upon payment of regular dues for the dependents. (By dependents we mean wives and children).
3. When the married subscriber is discharged from the Government Service he will be required to file a new application for Hospital Service within 60 days after discharge, or the certificate in its entirety will be cancelled.
4. In case the subscriber or member is a single man we will agree to cancel his membership during his stay in the Military Service but it will be rewritten upon his return to civil life provided new application is made within 60 days, from discharge from the Military Service.

We are glad to extend this courtesy and benefit to you.

With every good wish, we are

Yours very truly,

Ed Moore
Manager.

ESM:ks

DR. A. C. JACKSON, PRESIDENT
 SISTER MARY ALICE, VICE-PRESIDENT
 C. L. SIBLEY, SECRETARY
 DR. C. N. CARRAWAY, TREASURER
 ED S. MOORE, MANAGER
 ED H. MOORE, ASSOCIATE MANAGER

EXECUTIVE COMMITTEE
 DR. A. C. JACKSON K. WHITE-SPUNNER DR. CARL A. GROVE
 SISTER MARY ALICE DR. J. T. ANDERSON DR. D. W. MCNECKEY
 C. L. SIBLEY R. C. BARNES DR. J. O. MORGAN
 DR. J. G. DAVES DR. C. N. CARRAWAY

HOSPITAL SERVICE

2119 FIRST AVENUE, NORTH



CORP. OF ALABAMA

BIRMINGHAM 3, ALABAMA

February, 1948

Dear Subscriber:

Your Blue Cross Plan, Hospital Service Corporation of Alabama, is a non-profit community sponsored organization, extending benefits to nearly 225,000 Alabamians.

Your contract guarantees you certain services to be furnished by our member hospitals - 78 of them in Alabama - and these services are provided regardless of cost. The operating expense of our hospitals, however, has increased during the past several years in the same ratio as has your own living expense, and your Corporation has absorbed several increases in hospital rates at no additional cost to you.

Hospital Service Corporation was organized in 1936 - over 11 years ago, - and the fees fixed at that time have not been changed in all of these years. We have stretched your membership dollar every way possible, but it still won't cover present day cost of hospitalization. Because of the continued higher cost of hospital care, it now becomes necessary to increase subscribers' fees, and you will find the new rates set out in the enclosed folder.

Benefits under our contract have been increased many times during the past 11 years, and the most recent increase was on March 1, 1947, when we began to provide 30 days of hospitalization, instead of 21 days each benefit year.

This letter is to advise you that your present contract will be terminated in accordance with provisions contained therein, on the next monthly payment date of said contract in March, 1948, and you will find enclosed a new contract effective on that same date, which will replace the old contract. You will retain your same contract number and same period for service benefits. No change is being made in the Medical-Surgical Rider, and if this Rider is now attached to your present Hospital Service Contract, will you kindly transfer it to the new contract. Unless you notify your paymaster to the contrary within 15 days from the receipt of this letter, we will assume that you wish to continue your contract at the increased rate, and you will be billed accordingly.

Very truly yours.

Ed Moore

Manager.

IMPORTANT - TO ALL WOMEN SUBSCRIBERS WHOSE HUSBANDS DO NOT HAVE OUR SERVICE - Note carefully the condition appearing in Paragraph 3 of Section 11 of your new contract enclosed, which provides that maternity benefits will not be available to you beyond twelve months from the effective date of this new contract, unless your husband has also been enrolled as a member for a period of at least 12 months. If your husband is not now a member, kindly return the enclosed card, and we will send you the full particulars for his enrollment.

ESM

Maximum payment for all surgical care is limited to \$300 in any one benefit year for each person covered under the contract. If two or more operations are performed during the course of the same operative procedure, benefits shall be paid only for that operation to which the largest amount is allocated in the Schedule of Benefits.

	Maximum Payment		Maximum Payment
ADDERMAN AND PELVIS		MATERNITY (Continued)	
Any operation involving incision completely thru the abdominal wall	\$100.00	Cervical vaginal repair	\$25.00
Each further specified	100.00		
BRAIN		NECK	
Excision on the brain or spinal cord for the removal of a tumor	150.00	Tonsillectomy, tonsillitis	100.00
Encephalitis	50.00		
Vertebrogram	50.00	PARENCHYMATOUS Stomachs	
BREAST		Abdominal and chest	10.00
Excision and drainage breast abscess (suppurative)	15.00	Malign, ear or nostril	5.00
Biopsy of tumor	10.00		
Removal of malignant found	100.00	RECTUM	
Radical amputation, stage	150.00	Hemorrhoidectomy	25.00
		Excision of Stricture, simple	20.00
CHEST WALL AND LUNGS		Excision by combined operation	300.00
Resection of rib for chest drainage	50.00		
EYE, EAR, NOSE AND THROAT		SKELTON	
Otitis media, radical	100.00	Amputation—	
Tonsillectomy and adenoidectomy	35.00	Throat	100.00
Anal fissure	25.00	Upper arm	50.00
Anal window	35.00	Leg below knee, arm, below elbow	50.00
Chronic otitis	25.00	Finger, toe, each	10.00
Removal of cataract	25.00	Upper arm, thigh	50.00
Removal of eyeball	75.00	Lower arm or leg	10.00
		Thigh or foot	13.00
GENITO-URINARY		Finger or toe, single or multiple	15.00
Removal of testis	150.00	Kneecap	15.00
Other operations on the		Urethra	15.00
Urethra or urethral		Urethra (nonspecific)	15.00
Stricture, examination only	15.00	Urethra	15.00
Medical dilation (cystoscopy)	15.00	Hand (single or multiple)	15.00
Cystitis	15.00		
Removal of Prostate—		For compound fracture and 50 per cent to figure available in simple fracture	
Abdominal incision	125.00	Dislocation—	
Perineal incision	75.00	Shoulder	25.00
Trans-urethral section	15.00	Wrist	25.00
Prostate, simple	75.00	Lower jaw	15.00
Hernia repair, bilateral	100.00	Upper jaw	15.00
GYNCOLOGICAL			
Salpingectomy	150.00	TUMORS, CYSTS, ABSCESSES	
Excision of vaginobulb, Papanicolaou, Pap smear	15.00	Removal of	
Salpingitis, Oophoritis, Ovaritis, Ovarian cyst, salpingitis	75.00	Intra-abdominal tumor or cyst	100.00
Excision and curettage of uterus (non-pregnant)	25.00	Local, superficial tumor or cyst	15.00
		Infection and drainage, superficial abscess	15.00
MATERNITY		VARICOSE VEINS	
Vaginal delivery of baby or fetus	50.00	Saphenous vein, ligation	25.00
Immediate repair operation	50.00	Excision of tributary branches:—	
		Unilateral	60.00
		Bilateral	100.00

[illegible]

Medical & Surgical

For you
and
your family

2119 First Avenue North
Birmingham, Alabama

Blue Cross - Blue Shield

**HOSPITAL, MEDICAL
and SURGICAL Benefits**

Hospitalization

BLUE CROSS HOSPITAL SERVICE PROVIDES, while a bed patient in a participating hospital, seventy (70) days hospitalization for each hospital admission during any benefit year for each insured. This service is available to you and to each of your enrolled dependents. Also the following additional benefits:

1. Room accommodation—Minimum priced private room or ward.
2. General nursing care.
3. Meals.
4. Use of operating room or delivery room.
5. Routine Medicines listed below, viz:
Drugs (i.e., narcotics, aspirin, atropine, laxatives, pituitrin, streptocin, digitalis, caffeine, sulpha drugs not administered intravenously—these only.)
6. Laboratory Service:
(i.e., white blood count, red blood count, differential count, hemoglobin, examination of urine for albumen, sugar, pus, red and white blood cells, bile and specific gravity, slide for malaria, stool and sputum, coagulation time and taking of blood for Wasserman—these only.)
7. Non-medicated gauze dressings. (Not to include mechanical splints or supports of any kind.)
8. Blood transfusions when administered by an employee of the hospital. (Not to include cost of blood or blood plasma.)

MATERNITY BENEFITS

The family certificate — for members enrolled on a group basis — provides benefits for maternity cases only after the certificate has been in force for a continuous period of 10 months.

Seven days hospital service are allowed for any one pregnancy and for any condition arising out of and during such pregnancy. In case of Caesarean section or ectopic pregnancy a maximum of 14 days will be allowed.

TONSILS AND ADENOIDS

Benefits for the removal of tonsils or adenoids will be provided if you have been enrolled for a continuous period of 10 months immediately preceding your hospital admission.

PRE-EXISTING CONDITIONS

The Plan provides coverage for pre-existing conditions after you have been a member for 10 continuous months immediately preceding your hospital admission.

AGE LIMITS

Any person who will have attained the age of 65 years, at the time coverage would normally be effective, is ineligible as a new applicant. For those already enrolled there is no age limit. Children may be covered when 10 days old.

(Hospitalization - continued)

ALLOWANCE FOR OUT-PATIENT SERVICE

An allowance of \$7.50 for emergency hospital service is made in case of accidental injury furnished within 24 hours from the time said injury occurred, or emergency hospital service in connection with the performance of a surgical procedure in which the hospital's operating room facilities are used.

OUT OF STATE BENEFITS

Alabama's Blue Cross members receive out of state protection in other Blue Cross hospitals through the Inter-Plan Service Benefit Plan by presentation of their Identification Cards. Service through this medium allows you to receive Service Benefits of the Blue Cross Plan of which the out of state hospital is a member hospital.

In non-participating hospitals outside of the State of Alabama, Blue Cross members receive a credit of \$6.00 per day for board and private room accommodations, and \$4.00 per day for board and ward accommodations. In addition, an allowance of \$2.50 per day for 10 days is made as a credit toward the other items of hospital services specified above. In non-participating hospitals within the State of Alabama such allowance shall be made only in cases of accidental injury.

EXCLUSIONS

1. Services of private nurses, their board, and any ambulance service.
2. Hospital admissions for diagnostic purposes, physical examinations or rest cure.
3. Hospital service covered in whole or in part by Workmen's Compensation, or employers' liability laws, State or Federal, Common Law or Statutory.
4. Hospital Service in cases of admission to Veteran's, Marine, or other Federal Hospitals.
5. Hospital Service for pulmonary tuberculosis, quarantizable diseases, venereal diseases, psychoneurotic conditions, mental or nervous disorders (regardless of cause), alcoholism, drug addiction, extraction of teeth or other dental process, or cosmetic plastic surgery.

No medical benefits, surgical benefits or special allowances are available unless a Medical and Surgical Benefit Rider is issued as an endorsement to the Hospital Service Certificate.

HOW TO ENROLL

Most subscribers join Blue Cross-Blue Shield through groups at their places of employment. A group can be formed where there are as few as five employees. The age limit for new subscribers is 65, but once you become a member you can retain the coverage for the rest of your life.

Medical & Surgical

MEDICAL BENEFITS

While a bed patient in a participating or non-participating hospital the Blue Shield Plan will pay your physician for calls made to you at the hospital beginning on the fourth day after your admission at the rate of \$3.00 per visit not to exceed one (1) such visit per day for twenty-eight (28) such visits immediately following the third day of hospital admission. After the expiration of this twenty-eight (28) day period, you are entitled to three (3) such visits by your doctor per week and to not more than a total of forty-eight (48) calls in any benefit year.

SURGICAL BENEFITS

Blue Shield Surgical Benefits provide payment of surgeon's fees from \$5.00 to \$200.00 for surgical procedures performed either in a hospital or in a doctor's office or clinic. For example: Appendectomy \$100.00, Hysterectomy \$150.00, Amputation of Malignant Tumor \$100.00, Removal of Cataract \$75.00, Brain Tumor removal \$150.00, Tonsillectomy \$25.00, Hemorrhoidectomy \$35.00, Normal Delivery \$50.00, and Caesarean Section \$125.00. Maximum payment for all surgical care is limited to \$300.00 in any one benefit year for each person covered under the contract. If two or more operations listed in the Schedule of Benefits are performed during the course of the same operative procedure, benefits shall be paid only for that operation to which the largest amount is allocated in the Schedule of Benefits.

SPECIAL ALLOWANCES

Special allowances are available for each hospital admission on a co-insurance basis for allergy tests, diagnostic x-ray service, special laboratory service, electrocardiograms, general anesthesia, physiotherapy, and radioactive treatment.

SCHEDULE OF MONTHLY RATES FOR HOSPITAL AND MEDICAL-SURGICAL

	Ward	Private Room
Individual	1.70	2.20
Family, (including husband, wife and children between the ages of 90 days and 18 years)	4.50	5.50
Unmarried children of the subscriber over 18 years of age may be enrolled under a separate contract at the rate of individuals.		

For the benefit of the self-employed, unemployed, or those employed where there are less than five employees, and therefore unable to join with a group, non-group membership is offered. For Non-group rates and benefits call or write the ENROLLMENT DEPARTMENT OF BLUE CROSS-BLUE SHIELD OF ALABAMA.

Blue Shield

SURGICAL Benefits

A PARTIAL LIST

Because it would obviously be impossible for us to list all the surgical operations covered, this schedule shows only the most frequent and common operations.

The payments shown are not intended to fix the value of doctors' services or relate to such value.

Maximum payment for all surgical care is limited to \$500 in any one benefit year for each person covered under the contract. If two or more operations are performed during the course of the same operative procedure, benefits shall be paid only for that operation to which the largest amount is allocated in the Schedule of Benefits.

	Maximum Payment		Maximum Payment
ADDUCTION AND PELVIS		MATERNITY (Continued)	
Any operation involving the removal of a tumor	\$50.00	Cesarean Section	\$125.00
Any operation involving the removal of a tumor	\$50.00	Cervical vaginal repair	\$50.00
Any operation involving the removal of a tumor	\$50.00	Vaginectomy complete procedure	\$50.00
BLIND		PARENTERESIS (Injections)	
Any operation on the brain or spinal cord for the removal of a tumor	\$100.00	Abdominal and chest	\$50.00
Any operation on the brain or spinal cord for the removal of a tumor	\$100.00	Middle ear or antrum	\$50.00
Any operation on the brain or spinal cord for the removal of a tumor	\$100.00	Rectum	
BREAST		Hemorrhoidectomy	\$50.00
Excision and drainage	\$50.00	Pharyngotomy	\$50.00
Excision and drainage	\$50.00	Cardioma of Rectum, excision by combined operation	\$200.00
Excision and drainage	\$50.00	SKIN	
Excision and drainage	\$50.00	Amputation—	
Excision and drainage	\$50.00	Thigh	\$100.00
Excision and drainage	\$50.00	Upper arm	\$50.00
Excision and drainage	\$50.00	Leg below knee, arm below elbow	\$50.00
Excision and drainage	\$50.00	Forearm, hand, wrist	\$50.00
Excision and drainage	\$50.00	Upper arm, hand, wrist	\$50.00
Excision and drainage	\$50.00	Lower arm or leg	\$50.00
Excision and drainage	\$50.00	Hand or foot	\$50.00
Excision and drainage	\$50.00	Feet or toes, single or multiple	\$50.00
Excision and drainage	\$50.00	Nose	\$50.00
Excision and drainage	\$50.00	Prosthetic	\$50.00
Excision and drainage	\$50.00	Shall (non-operative)	\$50.00
Excision and drainage	\$50.00	New	\$50.00
Excision and drainage	\$50.00	Blind (single or multiple)	\$50.00
Excision and drainage	\$50.00	Per compound fracture add 50 per cent to fees applicable to simple fracture. For reduction of fracture which require open operation add 100 per cent to fees applicable to simple fracture.	
Excision and drainage	\$50.00	Dislocation—	
Excision and drainage	\$50.00	Shoulder	\$50.00
Excision and drainage	\$50.00	Elbow	\$50.00
Excision and drainage	\$50.00	Wrist	\$50.00
Excision and drainage	\$50.00	Hand	\$50.00
Excision and drainage	\$50.00	Hip	\$50.00
Excision and drainage	\$50.00	Lower jaw	\$50.00
Excision and drainage	\$50.00	Collarbone	\$50.00
Excision and drainage	\$50.00	TUMORS, CYSTS, ABSCESS	
Excision and drainage	\$50.00	Removal of	
Excision and drainage	\$50.00	Intra-abdominal tumor or cyst	\$100.00
Excision and drainage	\$50.00	Small, superficial tumor or cyst	\$50.00
Excision and drainage	\$50.00	Isolation and drainage, superficial abscess	\$50.00
Excision and drainage	\$50.00	VAGINOCOLIC VENTS	
Excision and drainage	\$50.00	Sophomax with ligature with infection of involved (infectious) branches	\$50.00
Excision and drainage	\$50.00	Unilateral	\$50.00
Excision and drainage	\$50.00	Bilateral	\$50.00

BLUE CROSS MEMBER HOSPITALS

OF ALABAMA FEBRUARY 1, 1953

ALBANYVILLE Albanyville Clinic Sand Mountain	FAIRHOPE Jordan Clinic	MONTGOMERY F.D. Hill Hobbs
ANDALUSIA Covington Memorial Hillcrest Infirmary	FAYETTE McNair and Robertson	MOBILE Mobile Infirmary St. John's
ANNISTON Anniston Memorial	FLORENCE Cotton Memorial	MOULTON Irwin-Dyer
ASHLAND Clay County	FT. PAYNE DeKalb County	ONEONTA Gordon-Patterson
ATHENS Limestone County	GADSDEN Baptist Memorial Holy Name of Jesus	OPELIKA Lee County
ATMORE Atmore General	GREENVILLE Sears Stabler	OPP Mills Memorial
AUGUST John Hodges Drake	GROVE HILL South Alabama	OSAGE Dale County
DAY HENRIETTE Harris Rhodes	GUIN Guin Hospital	PELL CITY Pell City Infirmary
DESSMER Dessmer General Doctors	GUNTERVILLE City	PRATTVILLE Prattville General
BIRMINGHAM Baptist Hospital Children's East End Memorial Harris Clinic Holy Family (Kearney) Jefferson Lloyd Holand McLester St. Vincent's South Highlands	MALEVILLE Blake-Hanaco Wilson	REPTON Carver
BRENTON Evanston	HAMILTON Lester Hill	ROANOK Knight Sanatorium Randolph County
CLAYTON Central Alabama	HARTSELLE Hartselle	RUSSELLVILLE Franklin County Wilson Infirmary
CULLMAN Cullman	HUNTSVILLE Huntsville Schlacker	SCOTTSBORO Hawley
DECATUR DeKalb General Ellis-Meyer	JAFER Walker County	SELMA Good Samaritan King Memorial Selma Hospital Vaughan Memorial
DEMOPOLIS Compassion	LAFAYETTE Wheeler	SHEFFIELD Colbert County
DOYAN Fowler-Elli Stony	LANGDALE George H. Lanier	SYLACAUGA Sylacauga
EAST TALLASSEE Compassion	LEDS David Clinic Leds	TALLADOGGA Citizens
ENTERPRISE Gibson	LIVERNE Harold Kendrick	TROY Troy Memorial Edge
EUPAULA Satter	MARION Perry County	TRICALOGGA Bridges
	MOBILE Albin Memorial Harris Howard Harris de Peters	TUNNICLIFFE John A. Andrews Memorial Marion County
	MONROEVILLE Monroeville	UNION SPRINGS Bullock
		VERNON Lamar County
		WETUMPSA Wetumpka General
		WINFIELD Winfield
		YORK Santer County
		TOTAL: 104 Hospitals

Home Office

Blue Cross-Blue Shield of Alabama

2119 First Ave., No.	Birmingham 3, Ala.
MOBILE OFFICE: 415 First National Bank Bldg. Mobile, Ala.	MONTGOMERY OFFICE: 701 First National Bank Bldg. Montgomery, Ala.



YOUR PASSPORT TO WORRY-FREE RECOVERY

J. M. ALLEN, Jr. J. M. ALLEN, Jr.
Office 53-2431 Office 53-2431
Home 2-8485 Home 2-8485



- a complete plan of HEALTH SERVICES

A Non-Profit Community
Health Service

Blue Cross Hospitalization

BLUE CROSS HOSPITAL SERVICE PROVIDES, while a bed patient in a participating hospital, seventy (70) days hospitalization for each hospital admission during any benefit year for each insured. This service is available to you and to each of your enrolled dependents. Also the following additional benefits:

1. Room accommodations—Minimum priced private room or ward.
2. General nursing care.
3. Meals
4. Use of operating room or delivery room.
5. Routine Medicines listed below, via:
Drugs (i.e. narcotics, aspirin, atropine, laxatives, pituitrin, strychnine, digitalis, caffeine, sulpha drugs not administered intravenously—these only.)
6. Laboratory Service:
(i.e. white blood count, red blood count, differential count, hemoglobin, examination of urine for albumen, sugar, pus, red and white blood cells, bile and specific gravity, slide for malaria, stool and sputum, coagulation time and taking of blood for Wasserman—these only.)
7. Non-medicated gauze dressings. (Not to include mechanical splints or supports of any kind.)
8. Blood transfusions when administered by an employee of the hospital. (Not to include cost of blood or blood plasma.)

MATERNITY BENEFITS

The family certificate — for members enrolled on a group basis — provides benefits for maternity cases only after the certificate has been in force for a continuous period of 10 months.

Seven days hospital service are allowed for any one pregnancy and for any condition arising out of and during such pregnancy. In case of Caesarean section or ectopic pregnancy a maximum of 14 days will be allowed.

TONSILS AND ADENOIDS

Benefits for the removal of tonsils or adenoids will be provided if you have been enrolled for a continuous period of 10 months immediately preceding your hospital admission.

PRE-EXISTING CONDITIONS

The Plan provides coverage for pre-existing conditions after you have been a member for 10 continuous months immediately preceding your hospital admission.

AGE LIMITS

Any person who will have attained the age of 65 years, at the time coverage would normally be effective, is ineligible as a new applicant. For those already enrolled there is no age limit. Children may be covered when 10 days old.

Blue Shield Medical & Surgical

MEDICAL BENEFITS

While a bed patient in a participating or non-participating hospital the Blue Shield Plan will pay your physician for calls made to you at the hospital beginning on the fourth day after your admission at the rate of \$3.00 per visit not to exceed one (1) such visit per day for twenty-eight (28) such visits immediately following the third day of hospital admission. After the expiration of this twenty-eight (28) day period, you are entitled to three (3) such visits by your doctor per week and to not more than a total of forty-eight (48) calls in any benefit year.

SURGICAL BENEFITS

Blue Shield Surgical Benefits provide payment of surgeon's fees from \$5.00 to \$200.00 for surgical procedures performed either in a hospital or in a doctor's office or clinic. For example: Appendectomy \$100.00, Hysterectomy \$150.00, Amputation of Malignant Tumor \$100.00, Removal of Cataract \$75.00, Brain Tumor removal \$150.00, Tonsillectomy \$25.00, Hemorrhoidectomy \$35.00, Normal Delivery \$50.00, and Caesarean Section \$125.00. Maximum payment for all surgical care is limited to \$300.00 in any one benefit year for each person covered under the contract. If two or more operations listed in the Schedule of Benefits are performed during the course of the same operative procedure, benefits shall be paid only for that operation to which the largest amount is allocated in the Schedule of Benefits.

ALLOWANCE FOR OUT-PATIENT SERVICE

An allowance of \$7.50 for emergency hospital service is made in case of accidental injury furnished within 24 hours from the time said injury occurred, or emergency hospital service in connection with the performance of a surgical procedure in which the hospital's operating room facilities are used.

OUT OF STATE BENEFITS

Alabama's Blue Cross members receive out of state protection in other Blue Cross hospitals through the Inter-Plan Service Benefit Plan by presentation of their Identification Cards. Service through this medium allows you to receive Service Benefits of the Blue Cross Plan of which the out of state hospital is a member hospital.

In non-participating hospitals outside of the State of Alabama, Blue Cross members receive a credit of \$6.00 per day for board and private room accommodations, and \$4.00 per day for board and ward accommodations. In addition, an allowance of \$2.50 per day for 10 days is made as a credit toward the other items of hospital services specified above. In non-participating hospitals within the State of Alabama such allowance shall be made only in cases of accidental injury.

HOSPITAL, MEDICAL and SURGICAL Benefits

SPECIAL ALLOWANCES

Special allowances are available for each hospital admission on a co-insurance basis for allergy tests, diagnostic x-ray service, special laboratory service, electrocardiograms, general anesthesia, physiotherapy, and radioactive treatment.

EXCLUSIONS

1. Services of private nurses, their board, and any ambulance service.
2. Hospital admissions for diagnostic purposes, physical examinations or rest cure.
3. Hospital service covered in whole or in part by Workmen's Compensation, or employers' liability laws, State or Federal, Common Law or Statutory.
4. Hospital Service in cases of admission to Veterans', Marine, or other Federal Hospitals.
5. Hospital Service for pulmonary tuberculosis, quarantinable diseases, venereal diseases, psychoneurotic conditions, mental or nervous disorders (regardless of cause), alcoholism, drug addiction, extraction of teeth or other dental process, or cosmetic plastic surgery.

No medical benefits, surgical benefits or special allowances are available unless a Medical and Surgical Benefit Rider is issued as an endorsement to the Hospital Service Certificate.

SCHEDULE OF MONTHLY RATES FOR HOSPITAL AND MEDICAL-SURGICAL

	Ward	Private Room
Individual	1.70	2.20
Family, (including husband, wife and children between the ages of 10 days and 18 years)	4.50	5.50

Unmarried children of the subscriber over 18 years of age may be enrolled under a separate contract at the rate of individuals.

HOW TO ENROLL

Most subscribers join Blue Cross-Blue Shield through groups at their places of employment. A group can be formed where there are as few as five employees. The age limit for new subscribers is 65, but once you become a member you can retain the coverage for the rest of your life.

For the benefit of the self-employed, unemployed, or those employed where there are less than five employees, and therefore unable to join with a group, non-group membership is offered. For Non-group rates and benefits call or write the ENROLLMENT DEPARTMENT OF BLUE CROSS-BLUE SHIELD OF ALABAMA.

FEE SCHEDULE



THE BLUE SHIELD PLAN

EFFECTIVE NOVEMBER 1, 1954

•
U. S. STEEL

BLUE CROSS—BLUE SHIELD
OF ALABAMA

EXECUTIVE OFFICES

2119 FIRST AVENUE, NORTH
BIRMINGHAM • ALA.

FEE SCHEDULE

General Provisions

PAYMENT FOR RELATED SURGICAL OPERATIONS: When a series of related surgical operations are performed at the same time, or during the same period of hospitalization, in the same operative area, the amount paid will be the fee for the major procedure with no allowance for minor or incidental procedures.

PAYMENT FOR UNRELATED SURGICAL OPERATIONS: When two or more unrelated surgical operations are performed by the same surgeon during the same period of hospitalization, the procedure carrying the highest amount will be paid in full, plus 50% of the amount for the next highest procedure, with no allowance for additional procedures. The total amount allowed will not exceed \$200.00 during any one period of hospitalization.

MAXIMUM PAYMENT FOR OUT OF HOSPITAL SURGERY: When a series of recurrent or related surgical procedures are performed in the home, office or out-patient department of a hospital for the treatment of the same disease or injury, the total amount allowed will not exceed \$200.00.

APPENDIX: When the pathology of the appendix is the prime necessity for the operation, the fee for an appendectomy will be allowed. When the appendix is removed at the same time other necessary surgery is performed, there is no additional allowance.

SURGICAL AND OBSTETRICAL SERVICES

This section of the Fee Schedule classifies procedures by systems of the body in accordance with the listing adopted by all Blue Shield Plans. The code numbers at the left of each listed procedure conform to the code system adopted by Blue Shield Medical Care Plans, Inc., national association, under advice of tabulating machine experts, for ready correlation of utilization data of the 77 Plans.

The nomenclature used in this Fee Schedule conforms to the revised Standard Nomenclature of Operations of the American Medical Association. This terminology is explicit, scientific and conforms to the most exacting medical usage. Please use this nomenclature on your Doctor's Service Reports.

INTEGUMENTARY SYSTEM

Skin and Subcutaneous Areolar Tissue

Incision

0102	Drainage of furuncle requiring hospitalization....	\$10.00
0107	Drainage of furuncle not requiring hospitalization	5.00
0103	Drainage of small subcutaneous cyst requiring hospitalization	10.00
0129	Drainage of small subcutaneous cyst not requiring hospitalization	5.00
0108	Drainage of carbuncle requiring hospitalization...	50.00
0109	Drainage of carbuncle not requiring hospitalization	25.00
0114	Drainage of large subcutaneous abscess (where not specified elsewhere) requiring hospitalization...	40.00
0119	Drainage of large subcutaneous abscess (where not specified elsewhere) not requiring hospitalization	20.00
0130	Incision and removal of foreign body under general anesthesia	50.00

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0139	Removal of foreign body under local anesthesia (splinter, etc.)	Maximum \$10.00
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Excision

0171	Biopsy of skin or subcutaneous tissue	5.00
0178	Local excision of small benign neoplastic, cicatricial, inflammatory or congenital lesion	Maximum 25.00
	Local excision of subcutaneous cyst with removal of sac—	
0180	Simple	10.00
0189	Complicated	20.00
0190	Wide excision of lesion, without graft or plastic closure	25.00
	Excision of lesions of unusual size or number	
0200	Requiring hospitalization	100.00
0209	Not requiring hospitalization	25.00
0215	Lipectomy	Maximum 50.00
0230	Excision of nail, nail bed or nail fold	10.00
0238	Excision of pilonidal cyst or sinus	50.00
0239	Debridement of abdominal wall (sinus tract, foreign bodies)	50.00

Introduction

0251	Implantation of pellets (single or multiple)	5.00
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Repair

0288	Skin grafts (pinch, split, skin, or full thickness)	Minimum 50.00
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Burns:

0340	Requiring hospitalization paid on basis of medical fee plus any surgical procedure necessary with a maximum payment	200.00
0347	First degree, not requiring hospitalization	5.00
0348	Second degree, not requiring hospitalization	10.00
0350	Third degree, not requiring hospitalization	25.00
0349	Debridement	Maximum 50.00
0339	Traumatic cases requiring hospitalization paid on the basis of medical fee plus any surgical procedure necessary	Maximum 200.00

Suture

Primary, secondary or delayed suture of wounds.
List number, location, length and depth—

0381	Small	10.00
0397	Medium	25.00
0398	Large	75.00

Breast

Incision

0431	Mastotomy with exploration, drainage of abscess or foreign body removal	25.00
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Excision

0441	Biopsy of breast	25.00
0445	Excision of cyst, fibroadenoma or other benign tumor, aberrant breast tissue (including any other partial mastectomy)	50.00
0457	Complete (simple) mastectomy	100.00
	Radical mastectomy, including breast, pectoral muscles and axillary lymph nodes—	
0470	Unilateral	150.00
0472	Bilateral	200.00

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MUSCULOSKELETAL SYSTEM

Bones	
<i>Incision</i>	
0501	Aspiration biopsy of bone marrow, sternum, spinous processes, iliac crest, ribs.....\$25.00
	Vertebral body..... 35.00
0508	Incision of periosteum and drilling or windowing of cortex for osteomyelitis or bone abscess.... 50.00
0513	Sequestrectomy for osteomyelitis or bone abscess
	Skull, scapula, clavicle, carpal, metacarpal, tarsal, metatarsal, rib..... 50.00
	Phalanx..... 25.00
	Vertebra, head or neck of femur, pelvis.....150.00
	Humerus, head or neck; scapular glenoid.....100.00
	Femur, tibia, fibula, humerus, radius, ulna.... 75.00
0516	Removal of metal band, plate, screw or nail (independent procedure)..... 50.00
0517	Osteotomy: cutting, division or transection of bone, with or without internal fixation.....100.00
<i>Excision</i>	
0551	Biopsy of bone (independent procedure)
	Clavicle, vertebral spinous process, sternum, iliac crest, rib, metacarpal, metatarsal, phalanx, skull, scapula, spine, acromion..... 50.00
	Humerus (proximal fourth), scapula, 1st rib, 2-5 ribs (proximal half), pelvis, femur (proximal half), vertebra.....100.00
	Humerus, radius, ulna, femur, tibia, carpal, tarsal..... 75.00
0554	Astragalectomy.....100.00
0557	Carpectomy.....100.00
0560	Coccygectomy..... 50.00
0561	Patellectomy or hemipatellectomy.....100.00
0566	Excision of bone cyst, chondroma, osteochondroma
	Scapula, pelvis, femur (proximal third), humerus (proximal third).....175.00
	Long bones.....150.00
	Tarsals, carpals.....100.00
0573	Excision of exostosis or calcaneal spur, metacarpals, metatarsals, phalanges..... 35.00
0576	Partial osteotomy; partial excision of bone; craterization, guttering or saucerization of bone; diaphysectomy.....125.00
<i>Repair</i>	
0611	Osteoplasty: shortening of bone.....150.00
0617	Bone graft; osteoperiosteal graft; periosteal graft
	For non-union of long bones (excluding fibula) ...200.00
	For spine fusion.....200.00
0648	Patellapexy.....150.00
<i>Introduction</i>	
0659	Epiphyseal-diaphyseal fusion; epiphyseal arrest; epiphyseodesis.....150.00
<i>Destruction</i>	
0661	Fracture or refracture of bone; osteoclasis, with or without fixation..... 50.00

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Fractures	
<i>Manipulation</i>	
0681	Skull, non-operative.....\$50.00
0682	Compound.....100.00
0683	Depressed with operation.....150.00
<i>Facial Bones</i>	
0686	Nasal, simple, closed reduction..... 25.00
0687	Compound..... 50.00
0688	Simple, open reduction..... 50.00
0691	Malar, simple, non-depressed..... 50.00
0692	Compound.....100.00
0693	Simple or compound, depressed, open reduction. 100.00
0696	Maxilla, simple, no displacement, closed reduction..... 50.00
0698	Compound.....100.00
0700	Simple, open reduction.....100.00
0703	Mandible, simple, closed reduction..... 50.00
0709	Compound.....100.00
0705	Simple, open reduction.....100.00
<i>Spine and Trunk</i>	
0720	Vertebral body, without open reduction.....100.00
0729	Compound.....200.00
0723	Simple, open reduction.....200.00
0731	Sacrum, simple, closed reduction..... 50.00
0732	Compound.....100.00
0733	Simple, with open reduction.....100.00
0736	Coccyx, Compound..... 20.00
0737	Simple, with operation..... 20.00
0740	Clavicle, simple, closed reduction..... 35.00
0741	Compound..... 70.00
0742	Simple or compound, open reduction..... 70.00
0747	Scapula, simple, closed reduction..... 35.00
0748	Compound..... 70.00
0750	Simple or compound, open reduction..... 70.00
0756	Sternum, simple, non-depressed, closed reduction.. 15.00
0757	Compound or open reduction..... 30.00
0758	Simple or compound, depressed, open reduction.....150.00
0761	Ribs, simple, strapping..... 15.00
0763	Compound..... 30.00
0759	Simple or compound, open reduction..... 50.00
<i>Pelvis (ilium, ischium, pubis)</i>	
0767	One bone, simple, closed reduction..... 75.00
0768	More than one bone, simple, closed reduction...100.00
0770	One bone, compound.....150.00
0769	More than one, compound.....200.00
0771	One bone, simple, open reduction.....150.00
0779	More than one, open reduction.....200.00
<i>Upper Extremity</i>	
0778	Humerus, simple..... 75.00
0781	Compound.....150.00
0782	Simple, open reduction.....150.00
0791	Elbow (distal end of humerus, proximal end of radius, proximal end of ulna).....100.00

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0793	Compound	\$200.00
0794	Simple, open reduction	200.00
0798	Radius, simple, closed reduction	50.00
0800	Compound	100.00
0801	Simple, open reduction	100.00
0807	Distal end, Colles' (including ulnar styloid), simple, closed reduction	50.00
0808	Distal end, Colles' (including ulnar styloid) compound	100.00
0810	Distal end, Colles' (including ulnar styloid), simple, open reduction	100.00
0813	Ulna, simple, closed reduction	50.00
0815	Compound	100.00
0816	Simple, open reduction	100.00
0820	Radius and Ulna, simple, closed reduction	100.00
0822	Compound	150.00
0823	Simple, open reduction	150.00
0827	Carpal, one, simple, closed reduction	75.00
0828	One, compound	100.00
0830	One, simple, open reduction	100.00
0831	Each additional, simple, closed reduction	10.00
0832	Each additional, compound	15.00
0833	Each additional, simple, open reduction	15.00
0842	Metacarpal, one, simple, closed reduction	25.00
0843	One, compound	50.00
0844	One, simple, open reduction	50.00
0845	Each additional, simple, closed reduction	10.00
0846	Each additional, compound	15.00
0847	Each additional, simple, open reduction	15.00
0852	Phalanx, one finger or thumb, simple, closed reduction	25.00
0853	One finger or thumb, compound	50.00
0854	One finger or thumb, simple or compound, open reduction	50.00
0857	Each additional finger or thumb, simple, closed reduction	10.00
0858	Each additional finger or thumb, compound, closed reduction	20.00
0860	Each additional finger or thumb, simple, open reduction	20.00
Lower Extremity		
Femur		
0865	Neck, simple, closed reduction	100.00
0866	Neck, compound	200.00
0867	Neck, simple or compound, open reduction	200.00
0881	Shaft, simple, closed reduction	125.00
0882	Shaft, compound	200.00
0883	Shaft, simple or compound, open reduction	200.00
0895	Patella, simple, closed reduction	50.00
0896	Compound	100.00
0897	Simple or compound, open reduction	100.00
0901	Tibia, simple, closed reduction	75.00
0903	Compound	100.00
0904	Simple or compound, open reduction	100.00
0914	Fibula, simple, closed reduction	50.00
0915	Compound	75.00
0916	Simple, open reduction	75.00
0926	Tibia and Fibula, simple, closed reduction	75.00
0927	Compound	150.00
0928	Simple or compound, open reduction	150.00
0933	Ankle, bimalleolar, (including Potts), simple, closed reduction	75.00

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0934	Compound	\$150.00
0935	Simple or compound, open reduction	150.00
0944	Tarsal (except astragalus and os calcis), one, simple, closed reduction	50.00
0945	One, compound	70.00
0946	One, simple, open reduction	70.00
0950	Each additional, simple, closed reduction	10.00
0951	Each additional, compound	20.00
0952	Each additional, simple, open reduction	20.00
0955	Astragalus, simple, closed reduction	50.00
0956	Compound	100.00
0957	Simple or compound, open reduction	100.00
0961	Os Calcis, simple, closed reduction	100.00
0962	Compound	200.00
0963	Simple, open reduction	200.00
0967	Metatarsal, one, simple, closed reduction	50.00
0968	Compound	70.00
0970	Simple, open reduction	70.00
0973	Each additional, simple, closed reduction	10.00
0974	Each additional, compound	20.00
0975	Each additional, simple, open reduction	20.00
Phalanx or phalanges		
0980	One toe, simple, closed reduction	25.00
0981	One toe, compound	50.00
0982	One toe, simple or compound, open reduction	50.00
0985	Each additional toe, simple, closed reduction	10.00
0986	Each additional toe, compound	20.00
0987	Each additional toe, simple or compound, open reduction	20.00
Joints		
Incision		
Arthrotomy with exploration, drainage, or removal of loose or foreign body (independent procedure)		
1009	Temporomandibular	50.00
1001	Shoulder	150.00
1002	Elbow	150.00
1007	Hip	175.00
1008	Knee	150.00
Capsulotomy: cutting or division of joint capsule, (independent procedure)		
1014	Shoulder	125.00
1033	Other joints of upper extremity	75.00
1023	Hip	150.00
1032	Other joints of lower extremity	75.00
1046	Arthrocentesis: puncture for aspiration of joint, initial	10.00
1037	Arthrocentesis: subsequent (maximum of 3)	10.00
Excision		
1075	Excision of intervertebral disk with or without spinal fusion, complete procedure	200.00
1069	Synovectomy	150.00
Repair		
Arthroplasty; plastic or reconstruction operation on joint, any type		
1141	Shoulder	200.00
1142	Elbow	200.00
1149	Temporomandibular	100.00
1148	Other joints of upper extremity	100.00
1150	Hip	200.00
1151	Knee	150.00

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MUSCULOSKELETAL SYSTEM

Bones	
<i>Incision</i>	
0501	Aspiration biopsy of bone marrow, sternum, spinous processes, iliac crest, ribs.....\$25.00
	Vertebral body..... 35.00
0508	Incision of periosteum and drilling or windowing of cortex for osteomyelitis or bone abscess..... 50.00
0513	Sequestrectomy for osteomyelitis or bone abscess
	Skull, scapula, clavicle, carpal, metacarpal, tarsal, metatarsal, rib..... 50.00
	Phalanx..... 25.00
	Vertebra, head or neck of femur, pelvis.....150.00
	Humerus, head or neck; scapular glenoid.....100.00
	Femur, tibia, fibula, humerus, radius, ulna..... 75.00
0516	Removal of metal band, plate, screw or nail (independent procedure)..... 50.00
0517	Osteotomy: cutting, division or transection of bone, with or without internal fixation.....100.00
<i>Excision</i>	
0551	Biopsy of bone (independent procedure)
	Clavicle, vertebral spinous process, sternum, iliac crest, rib, metacarpal, metatarsal, phalanx, skull, scapula, spine, acromion..... 50.00
	Humerus (proximal fourth), scapula, 1st rib, 2-5 ribs (proximal half), pelvis, femur (proximal half), vertebra.....100.00
	Humerus, radius, ulna, femur, tibia, carpal, tarsal..... 75.00
0554	Astragalectomy.....100.00
0557	Carpectomy.....100.00
0560	Coccygectomy..... 50.00
0561	Patellectomy or hemipatellectomy.....100.00
0566	Excision of bone cyst, chondroma, osteochondroma
	Scapula, pelvis, femur (proximal third), humerus (proximal third).....175.00
	Long bones.....150.00
	Tarsals, carpals.....100.00
0573	Excision of excystosis or calcaneal spur, metacarpals, metatarsals, phalanges..... 35.00
0576	Partial osteotomy; partial excision of bone; craterization, guttering or saucerization of bone; diaphysectomy.....125.00
<i>Repair</i>	
0611	Osteoplasty: shortening of bone.....150.00
0617	Bone graft; osteoperiosteal graft; periosteal graft
	For non-union of long bones (excluding fibula).....200.00
	For spine fusion.....200.00
0648	Patellapexy.....150.00
<i>Introduction</i>	
0659	Ephiphyseal-diaphyseal fusion; ephiphyseal arrest; epiphyseodesis.....150.00
<i>Destruction</i>	
0661	Fracture or refracture of bone: osteoclasis, with or without fixation..... 50.00

Fractures	
<i>Manipulation</i>	
0681	Skull, non-operative.....\$50.00
0682	Compound.....100.00
0683	Depressed with operation.....150.00
<i>Facial Bones</i>	
0686	Nasal, simple, closed reduction..... 25.00
0687	Compound..... 50.00
0688	Simple, open reduction..... 50.00
0691	Malar, simple, non-depressed..... 50.00
0692	Compound.....100.00
0693	Simple or compound, depressed, open reduction.....100.00
0696	Maxilla, simple, no displacement, closed reduction..... 50.00
0698	Compound.....100.00
0700	Simple, open reduction.....100.00
0703	Mandible, simple, closed reduction..... 50.00
0709	Compound.....100.00
0705	Simple, open reduction.....100.00
<i>Spine and Trunk</i>	
0720	Vertebral body, without open reduction.....100.00
0729	Compound.....200.00
0723	Simple, open reduction.....200.00
0731	Sacrum, simple, closed reduction..... 50.00
0732	Compound.....100.00
0733	Simple, with open reduction.....100.00
0736	Coccyx, Compound..... 20.00
0737	Simple, with operation..... 20.00
0740	Clavicle, simple, closed reduction..... 35.00
0741	Compound..... 70.00
0742	Simple or compound, open reduction..... 70.00
0747	Scapula, simple, closed reduction..... 35.00
0748	Compound..... 70.00
0750	Simple or compound, open reduction..... 70.00
0756	Sternum, simple, non-depressed, closed reduction.. 15.00
0757	Compound or open reduction..... 30.00
0758	Simple or compound, depressed, open reduction.....150.00
0761	Ribs, simple, strapping..... 15.00
0763	Compound..... 30.00
0759	Simple or compound, open reduction..... 50.00
<i>Pelvis (Ilium, Ischium, Pubis)</i>	
0767	One bone, simple, closed reduction..... 75.00
0768	More than one bone, simple, closed reduction...100.00
0770	One bone, compound.....150.00
0769	More than one, compound.....200.00
0771	One bone, simple, open reduction.....150.00
0779	More than one, open reduction.....200.00
<i>Upper Extremity</i>	
0778	Humerus, simple..... 75.00
0781	Compound.....150.00
0782	Simple, open reduction.....150.00
0791	Elbow (distal end of humerus, proximal end of radius, proximal end of ulna).....100.00

0793	Compound.....	\$200.00
0794	Simple, open reduction.....	200.00
0798	Radius, simple, closed reduction.....	50.00
0800	Compound.....	100.00
0801	Simple, open reduction.....	100.00
0807	Distal end, Colles' (including ulnar styloid), simple, closed reduction.....	50.00
0808	Distal end, Colles' (including ulnar styloid) compound.....	100.00
0810	Distal end, Colles' (including ulnar styloid), simple, open reduction.....	100.00
0813	Ulna, simple, closed reduction.....	50.00
0815	Compound.....	100.00
0816	Simple, open reduction.....	100.00
0820	Radius and Ulna, simple, closed reduction.....	100.00
0822	Compound.....	150.00
0823	Simple, open reduction.....	150.00
0827	Carpal, one, simple, closed reduction.....	75.00
0828	One, compound.....	100.00
0830	One, simple, open reduction.....	100.00
0831	Each additional, simple, closed reduction.....	10.00
0832	Each additional, compound.....	15.00
0833	Each additional, simple, open reduction.....	15.00
0842	Metacarpal, one, simple, closed reduction.....	25.00
0843	One, compound.....	50.00
0844	One, simple, open reduction.....	50.00
0845	Each additional, simple, closed reduction.....	10.00
0846	Each additional, compound.....	15.00
0847	Each additional, simple, open reduction.....	15.00
0852	Phalanx, one finger or thumb, simple, closed re- duction.....	25.00
0853	One finger or thumb, compound.....	50.00
0854	One finger or thumb, simple or compound, open reduction.....	50.00
0857	Each additional finger or thumb, simple, closed reduction.....	10.00
0858	Each additional finger or thumb, compound, closed reduction.....	20.00
0860	Each additional finger or thumb, simple, open reduction.....	20.00
Lower Extremity		
Femur		
0865	Neck, simple, closed reduction.....	100.00
0866	Neck, compound.....	200.00
0867	Neck, simple or compound, open reduction.....	200.00
0881	Shaft, simple, closed reduction.....	125.00
0882	Shaft, compound.....	200.00
0883	Shaft, simple or compound, open reduction.....	200.00
0895	Patella, simple, closed reduction.....	50.00
0896	Compound.....	100.00
0897	Simple or compound, open reduction.....	100.00
0901	Tibia, simple, closed reduction.....	75.00
0903	Compound.....	100.00
0904	Simple or compound, open reduction.....	100.00
0914	Fibula, simple, closed reduction.....	50.00
0915	Compound.....	75.00
0916	Simple, open reduction.....	75.00
0926	Tibia and Fibula, simple, closed reduction.....	75.00
0927	Compound.....	150.00
0928	Simple or compound, open reduction.....	150.00
0933	Ankle, bimalleolar, (including Potts), simple, closed reduction.....	75.00

0934	Compound.....	\$150.00
0935	Simple or compound, open reduction.....	150.00
0944	Tarsal (except astragalus and os calcis), one, simple, closed reduction.....	50.00
0945	One, compound.....	70.00
0946	One, simple, open reduction.....	70.00
0950	Each additional, simple, closed reduction.....	10.00
0951	Each additional, compound.....	20.00
0952	Each additional, simple, open reduction.....	20.00
0955	Astragalus, simple, closed reduction.....	50.00
0956	Compound.....	100.00
0957	Simple or compound, open reduction.....	100.00
0961	Os Calcis, simple, closed reduction.....	100.00
0962	Compound.....	200.00
0963	Simple, open reduction.....	200.00
0967	Metatarsal, one, simple, closed reduction.....	50.00
0968	Compound.....	70.00
0970	Simple, open reduction.....	70.00
0973	Each additional, simple, closed reduction.....	10.00
0974	Each additional, compound.....	20.00
0975	Each additional, simple, open reduction.....	20.00
Phalanx or phalanges		
0980	One toe, simple, closed reduction.....	25.00
0981	One toe, compound.....	50.00
0982	One toe, simple or compound, open reduction.....	50.00
0985	Each additional toe, simple, closed reduction.....	10.00
0986	Each additional toe, compound.....	20.00
0987	Each additional toe, simple or compound, open reduction.....	20.00
Joints		
Incision		
Arthrotomy with exploration, drainage, or removal of loose or foreign body (independent procedure)		
1009	Temporomandibular.....	50.00
1001	Shoulder.....	150.00
1002	Elbow.....	150.00
1007	Hip.....	175.00
1008	Knee.....	150.00
Capsulotomy: cutting or division of joint capsule, (independent procedure)		
1014	Shoulder.....	125.00
1033	Other joints of upper extremity.....	75.00
1023	Hip.....	150.00
1032	Other joints of lower extremity.....	75.00
1046	Arthrocentesis: puncture for aspiration of joint, initial.....	10.00
1037	Arthrocentesis: subsequent (maximum of 5).....	10.00
Excision		
1076	Excision of intervertebral disk with or without spinal fusion, complete procedure.....	200.00
1099	Synovectomy.....	150.00
Repair		
Arthroplasty; plastic or reconstruction operation on joint, any type		
1141	Shoulder.....	200.00
1142	Elbow.....	200.00
1149	Temporomandibular.....	100.00
1148	Other joints of upper extremity.....	100.00
1150	Hip.....	200.00
1151	Knee.....	150.00

1157	Other joints of lower extremity.....	\$100.00
1162	Metatarsophalangeal joint; bunion operation.....	75.00
	Arthrodesis; fusion of joint, with or without tendon transplant	
1166	Shoulder.....	150.00
1169	Spine.....	200.00
1174	Other joints of upper extremity.....	150.00
1175	Hip.....	200.00
1176	Knee.....	175.00
1178	Hammer toe, repair of.....	50.00
1181	Hallux rigidus, repair of.....	75.00
1184	Other joints of lower extremity.....	100.00
	Foot, triple arthrodesis	
1185	Unilateral.....	150.00
1186	Bilateral.....	200.00
	Suture	
1211	Suture of torn, ruptured or severed ligament.....	100.00
	Manipulation	
	Manipulation of joint under general anesthesia, (independent procedure, dislocations excluded)	
1222	Elbow.....	10.00
1223	Wrist.....	5.00
1226	Hip.....	25.00
1227	Knee.....	10.00
1228	Ankle.....	5.00
1232	Spine.....	25.00
1233	Manipulation of shoulder for fibrous ankylosis, under general anesthesia.....	25.00
1249	Other joints.....	5.00
	Dislocations	
1251	Temporomandibular, simple, closed reduction....	25.00
1253	Simple or compound, open reduction.....	50.00
1255	Vertebra, simple, closed reduction.....	75.00
1258	Simple or compound, with open reduction.....	150.00
1273	Clavicle, sternoclavicular, simple, closed reduction.....	35.00
1275	Simple or compound, open reduction.....	75.00
1278	Acromioclavicular, simple, closed reduction....	35.00
1281	Simple or compound, open reduction.....	75.00
1284	Shoulder (humerus) simple, closed reduction....	50.00
1286	Simple or compound, open reduction.....	150.00
1290	Elbow, simple, closed reduction.....	50.00
1292	Simple or compound, open reduction.....	100.00
1295	Wrist, carpal, one bone, simple, closed reduction...	50.00
1297	Simple or compound, open reduction.....	75.00
1304	Metacarpal, one bone, simple closed reduction...	25.00
1306	One bone, simple or compound, open reduction...	50.00
1315	Finger, one, one or more joints, simple, closed reduction.....	25.00
1317	Simple or compound, open reduction.....	50.00
1332	Hip (femur), simple, closed reduction.....	100.00
1334	Simple or compound, open reduction.....	200.00
1344	Knee (tibia), simple, closed reduction.....	75.00
1346	Simple or compound, open reduction.....	150.00
1350	Patella, simple, closed reduction.....	50.00
1352	Simple or compound, open reduction.....	100.00
1355	Ankle, simple, closed reduction.....	50.00
1357	Simple or compound, open reduction.....	100.00
1385	Toe, one, simple, closed or open reduction.....	25.00

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1387	Compound.....	\$50.00
1389	Os Calcis (heel), simple, closed reduction.....	50.00
1399	Os Calcis (heel), simple or compound, open reduction.....	100.00
	Bursa	
	Incision	
1424	Needling of bursa (maximum of 3).....	10.00
	Excision	
1431	Excision of bursa.....	75.00
	Muscles	
	Incision	
1451	Myotomy: cutting, division, or transection of muscle.....	50.00
1454	Division of scalenus anticus, without resection of cervical rib.....	50.00
1456	With resection of cervical rib.....	100.00
	Excision	
1471	Biopsy of muscle (independent procedure).....	25.00
	Repair	
1487	Repair of diaphragmatic hernia.....	200.00
	Suture	
1490	Myorrhaphy: myosuture: suture of muscle (divided or severed).....	75.00
	Tendons, Tendon Sheaths and Fascia	
	Incision	
1511	Drainage of tendon sheath infection for tenosynovitis.....	25.00
1525	Fasciotomy, aponeurotomy: cutting of fascia (independent procedure).....	50.00
1537	Tenotomy, corrective	
	Major tendons.....	50.00
	Minor tendons.....	25.00
	Excision	
1551	Excision of lesion of tendon or sheath; ganglion....	50.00
1562	Excision of Baker's Cyst.....	75.00
1573	Fasciectomy for Dupuytren's Contracture.....	100.00
	Repair	
1580	Tenoplasty.....	100.00
1601	Free tendon graft.....	200.00
1621	Transplantation of tendon, including advancement or recession.....	100.00
	Suture	
1671	Tenorrhaphy: suture of divided or ruptured tendon, one tendon, primary suture.....	50.00
1677	Each additional (maximum of 4).....	20.00
	Extremities	
	Amputation—Upper Extremity	
1701	Interthoracoscaphular.....	200.00
1703	Disarticulation of shoulder.....	200.00
1705	Arm through humerus.....	150.00
1708	Forearm, through radius and ulna.....	150.00
1722	Hand, through metacarpal bones.....	100.00
1736	Finger, any joint or phalanx, first.....	35.00
	Each additional (maximum of 4).....	15.00

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Ampelation—Lower Extremity

1745	Interpelviabdominal.....	\$200.00
1748	Disarticulation of hip.....	200.00
1752	Thigh, through femur, including supracondylar.....	150.00
1767	Leg, through tibia and fibula.....	150.00
1778	Ankle, through malleoli of tibia and fibula (Syme, Pirogoff).....	100.00
1782	Foot, transmetatarsal.....	100.00
1802	Toe, any joint or phalanx, first.....	25.00
	Each additional (maximum of 4).....	10.00

**Plaster Casts
Independent Procedure**

Payment is made for casts when not supplemental to other surgical procedures

1854	Elbow to fingers.....	15.00
1860	Shoulder to hand.....	25.00
1862	Shoulder apical.....	50.00
1865	Ankle (foot to mid leg).....	25.00
1867	Knee (foot to thigh).....	25.00
1885	Body, shoulder to hips.....	50.00
1878	Hip spica (single or double).....	50.00
1889	Risser jacket.....	75.00

Miscellaneous

If any of the following procedures are bilateral, 50% is added to the fee shown

1869	Application of traction or suspension.....	10.00
1879	Application of traction, skeletal.....	25.00
1869	Application of corrective appliances (not including adhesive strapping, bandaging, etc.).....	10.00

RESPIRATORY SYSTEM**Nose**

Excision		
1916	Excision of nasal polyps	
	Single.....	10.00
	Multiple.....	25.00
1928	Septectomy; submucous resection.....	75.00
1935	Turbineotomy, complete or partial, unilateral (independent procedure).....	10.00

Endoscopy

1941	Rhinocopy with removal of foreign body in nose..	5.00
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Repair

1951	Rhinoplasty, complete, including grafts.....	100.00
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Destruction

1965	Cauterization of turbinates, unilateral or bilateral (independent procedure) (Limit 5 per Agreement Year).....	5.00
1969	Radio active substance, insertion of, nasopharynx (excluding cost of radio active substance):	
	First treatment.....	10.00
	Each additional.....	5.00
	Maximum.....	50.00
	(This limitation shall not be exceeded by payment for any other procedure for the same purpose.)	

Manipulation

1971	Control of primary nasal hemorrhage, with cauterization of septum.....	\$10.00
1974	With nasal pack.....	5.00

Accessory Sinuses**Incision**

1981	Antrum puncture.....	5.00
1986	Maxillary sinusotomy, simple; antrum window operation, unilateral.....	25.00
1988	Maxillary, radical (Caldwell-Luc).....	75.00
1993	Frontal, external, radical.....	75.00
1994	Combined external, frontal, ethmoid and sphenoid sinusotomy.....	125.00
1999	Frontal, external, ethmoid and sphenoid combined with radical antrum.....	150.00

Excision

	Ethmoidectomy, intranasal	
2006	Unilateral.....	25.00
2010	Bilateral.....	50.00

Suture

2031	Fistula, Oral Antrum, plastic closure of.....	50.00
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Larynx**Incision**

2041	Laryngofissure with removal of tumor.....	150.00
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Excision

2051	Laryngectomy, complete or total.....	200.00
2055	Hemilaryngectomy.....	150.00

Introduction

2065	Intubation of larynx (independent procedure).....	15.00
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Endoscopy

2071	Laryngoscopy, direct, (independent procedure)....	15.00
2077	Laryngoscopy, operative—including removal of foreign body.....	50.00

Trachea and Bronchi**Incision**

2101	Tracheotomy (independent procedure).....	50.00
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Endoscopy

2111	Bronchoscopy, therapeutic.....	25.00
2124	Subsequent bronchoscopy (maximum 5).....	20.00
2113	With biopsy.....	50.00

Lungs and Pleura**Incision**

2151	Thoracotomy, exploratory, including control of hemorrhage.....	100.00
2157	Thoracentesis (closed drainage).....	50.00
	Thoracentesis: puncture of pleural cavity for aspiration	
2183	Initial.....	10.00
2186	Subsequent.....	5.00

Excision

2191	Pneumonectomy.....	200.00
2193	Total or subtotal lobectomy.....	200.00

Surgical Collapse Therapy

2210	Thoracoplasty: extrapleural resection of ribs, any type.....	\$200.00
2217	Extrapleural pneumonolysis, including associated filling or packing procedures.....	50.00
	Pneumothorax; intrapleural injection of air	
2221	Initial.....	15.00
2222	Each refill.....	5.00

CARDIOVASCULAR SYSTEM**Heart and Pericardium***Incision*

2301	Cardiotomy with exploration or removal of foreign body.....	200.00
2305	Pericardiotomy with exploration, drainage, or removal of foreign body.....	200.00
2310	Pericardiocentesis: puncture of pericardial space for aspiration.....	10.00
2315	Valvulotomy or commissurotomy.....	200.00

Excision

2321	Pericardiectomy.....	200.00
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Introduction

2331	Catheterization of the heart.....	25.00
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Destruction

2341	Cardiolysis.....	150.00
2345	Pericardiolysis.....	100.00

Suture

2351	Cardiorrhaphy: suture of heart wound or injury...	200.00
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Arteries and Veins*Incision*

	Arteriotomy, with exploration	
2361	Trunk.....	100.00
2364	Neck.....	50.00
2367	Extremity.....	50.00

	Arteriotomy, with removal of embolus	
2373	Trunk.....	100.00
2376	Neck.....	50.00
2380	Extremity.....	50.00

	Phlebotomy, with exploration	
2385	Trunk.....	100.00
2388	Neck.....	50.00
2392	Extremity.....	50.00

	Phlebotomy, with removal of thrombus	
2397	Trunk.....	100.00
2401	Neck.....	50.00
2404	Extremity.....	50.00

Excision

2411	Excision of segment of temporal artery.....	50.00
2415	Excision of segment of artery of extremity.....	50.00
2420	Excision of segment of vein of extremity (excluding varicosities).....	50.00
2425	Excision of arterial or arteriovenous aneurysm.....	100.00
2426	Excision of coarctation of aorta.....	200.00

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Introduction

2434	Aortography (exclusive of X-ray allowance).....	\$25.00
2445	Transfusion, or infusion, when not supplemental to Surgical or Maternity Care, exclusive of cost of blood, plasma or serum..... Each	5.00
2446	Blood transfusion, replacement type, Rh factor... Injection of sclerosing solution into vein of leg, per injection.....	75.00 5.00
2454	Unilateral.....	Maximum 35.00
2457	Bilateral.....	Maximum 50.00

Repair

2471	Arterioplasty: plastic or reconstruction operation on artery.....	100.00
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Arterial Anastomosis

2476	Aortic anastomosis.....	200.00
2478	Pulmonary aortic anastomosis.....	200.00
2482	Pulmonary subclavian anastomosis (Blalock)....	200.00
2485	Pulmonary innominate anastomosis (Blalock)....	200.00

Venous Anastomosis

2490	Porto-caval anastomosis.....	200.00
2496	Spleno-renal anastomosis.....	200.00
2520	Ligation of ductus arteriosus.....	200.00
	Ligation and division of asphenous vein with or without retrograde injection, or distal interruptions	
2558	Unilateral.....	60.00
2560	Bilateral.....	100.00

HEMIC AND LYMPHATIC SYSTEMS**Spleen***Excision*

2601	Splenectomy.....	150.00
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Lymph Nodes and Lymphatic Channels*Incision*

	Drainage of lymph node abscess or lymphadenitis	
2631	Requiring hospitalization.....	40.00
2639	Not requiring hospitalization.....	20.00

Excision

2644	Excision or resection of lymph nodes.....	75.00
2651	Radical lymphadenectomy: radical resection of lymph nodes.....	200.00
2679	Electrocoagulation of lymphoid tissue (Limit 3 per agreement year).....	5.00

Mediastinum*Excision*

2693	Excision of mediastinal tumor.....	200.00
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DIGESTIVE SYSTEM**Mouth***Excision*

2711	Excision of benign lesion of buccal mucosa.....	25.00
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Lips*Excision*

2745	Resection of lip for malignant lesion with or without immediate closure.....	50.00
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<i>Repair</i>	
2751	Cheiloplasty: plastic or reconstruction operation on lip.....\$150.00
<i>Excision</i>	
<i>Tongue</i>	
<i>Glossectomy</i>	
2777	Clipping of frenum..... 10.00
2787	Total or partial (hemi) glossectomy.....200.00
<i>Palate and Uvula</i>	
<i>Repair</i>	
2889	Radio active substance, insertion of, soft palate, (excluding cost of radio active substance)..... 25.00
2891	Palatoplasty: Plastic operation for cleft palate...150.00
2899	Repair of Torus Palatinus..... 50.00
<i>Salivary Glands and Ducts</i>	
<i>Incision</i>	
2915	Sialolithotomy: removal of salivary calculus, intraorally..... 25.00
2916	extraorally..... 75.00
<i>Excision</i>	
2930	Excision of submaxillary tumor..... 75.00
2931	Excision of submaxillary gland..... 75.00
2934	Excision of parotid gland.....150.00
<i>Pharynx, Adenoids and Tonsils</i>	
<i>Incision</i>	
2971	Drainage of retropharyngeal abscess, internal approach..... 10.00
2977	Drainage of peritonsillar abscess..... 5.00
<i>Excision</i>	
2988	Excision of branchial cyst or vestige..... 75.00
2992	Tonsillectomy, with or without adenoidectomy... 40.00
2996	Adenoidectomy (independent procedure)..... 20.00
3004	Excision of lingual tonsil..... 10.00
<i>Esophagus</i>	
<i>Excision</i>	
3041	Excision of esophageal diverticulum (Maximum allowance)..... 200.00
3043	Esophagectomy: resection of esophagus, transpleural or extrapleural.....200.00
<i>Endoscopy</i>	
3051	Esophagoscopy, initial, (diagnostic or therapeutic) . 25.00
3057	With foreign body removal..... 50.00
3063	Subsequent esophagoscopy (maximum 5)..... 20.00
<i>Manipulation</i>	
3091	Dilation of esophagus by sound, bougie or bag, initial..... 10.00
3095	Subsequent dilation (maximum 5)..... 5.00

<i>Stomach</i>	
<i>Incision</i>	
3101	Gastrotomy with exploration or foreign body removal.....\$100.00
3105	Pyloromyotomy: cutting of pyloric muscle (Fredet-Ramstedt Operation).....100.00
<i>Excision</i>	
3112	Local excision of stomach ulcer or benign neoplasm.....100.00
3114	Total gastrectomy.....200.00
3115	Subtotal gastrectomy.....200.00
3121	Gastroscoy..... 50.00
<i>Repair</i>	
3131	Pyloroplasty.....100.00
3133	Gastroduodenostomy.....150.00
3135	Gastrojejunostomy.....150.00
<i>Suture</i>	
3141	Gastrorrhaphy: suture of perforated gastric ulcer, wound or injury.....100.00
<i>Intestines except Rectum</i>	
<i>Incision</i>	
3161	Enterotomy with exploration or foreign body removal, small or large intestine.....100.00
<i>Excision</i>	
3171	Excision of one or more intestinal lesions not requiring anastomosis, exteriorization or fistulization.....150.00
3174	Enterectomy: resection of small intestine with anastomosis.....200.00
3178	Colectomy.....200.00
<i>Repair</i>	
3193	Enterostomy: external fistulization of intestine...100.00
3195	Colostomy.....100.00
3200	Reduction of volvulus, intussusception, internal hernia (by laparotomy).....100.00
3203	Revision of colostomy..... 50.00
3221	Suture of intestine (enterorrhaphy), large or small, for ulcer, wound, injury or rupture.....100.00
<i>Excision</i>	
<i>Meckel's Diverticulum and the Mesentery</i>	
3231	Excision of Meckel's diverticulum (diverticulectomy).....100.00
<i>Appendix</i>	
<i>Incision</i>	
3251	Incision and drainage of appendiceal abscess.....100.00
<i>Excision</i>	
3261	Appendectomy (independent procedure).....100.00
3269	Appendectomy, for ruptured appendix.....150.00
<i>Rectum</i>	
3291	Complete proctectomy, combined abdominoperineal, one or two stages..... 200.00

Endoscopy (independent procedure)

3301	Proctoscopy.....	\$10.00
3303	With biopsy.....	25.00
3310	With removal of tumor.....	50.00

Repair

3321	Proctoplasty, perineal, for stricture or prolapse....	75.00
3325	Proctopexy, abdominal, for prolapse (Meschowitz).....	150.00

Suture

3335	Closure of rectovaginal fistula.....	100.00
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*Anus**Incision*

	<i>Fistulotomy (independent procedure)</i>	
3353	Requiring hospitalization.....	75.00
3359	Not requiring hospitalization.....	25.00
	<i>Incision and drainage of ischioanal abscess: (independent procedure)</i>	
3356	When hospitalized.....	50.00
3369	When not hospitalized.....	25.00
3362	Incision and drainage of perianal abscess (independent procedure).....	25.00
3366	Incision of hemorrhoid, thrombosed, external....	10.00
3364	Sphincterotomy, anal: division of anal sphincter...	75.00

Excision

3371	Fissurectomy, (independent procedure).....	25.00
3373	Cryptectomy, single or multiple (independent procedure).....	25.00
	<i>Hemorrhoidectomy</i>	
3375	Internal.....	50.00
3377	External only.....	25.00
3380	Internal plus external.....	50.00
3386	Hemorrhoidectomy with additional proctological surgery.....	65.00

Introduction

3401	Hemorrhoids, injection of sclerosing solution, per injection (maximum—7 injections).....	5.00
3404	Alcohol injection for pruritis ani.....	Maximum 25.00

Repair

3420	Anoplasty: plastic operation for imperforate anus or stricture.....	50.00
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Excision

	<i>Liver</i>	
3461	Biopsy of liver (independent procedure).....	25.00
3464	Hepatectomy, partial; resection of liver.....	200.00

*Biliary Tract**Incision*

3500	Duodenocholedochotomy: transduodenal choledocholithotomy.....	200.00
3504	Cholecystotomy or cholecystostomy with exploration, drainage, or removal of calculus....	150.00

Excision

3515	Cholecystectomy.....	150.00
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Repair

3525	Anastomosis of gall bladder to stomach or intestine.....	150.00
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*Pancreas**Incision*

3541	Pancreatotomy for drainage of pancreatitis	\$100.00
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Excision

3551	Pancreatectomy, local, partial or subtotal.....	200.00
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Repair

3565	Marsupialization of cyst of pancreas.....	150.00
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*Abdomen, Peritoneum and Omentum**Incision*

3571	Exploratory laparotomy: exploratory celiotomy..	100.00
3575	Subdiaphragmatic or subphrenic abscess, one or two stages	100.00
3588	Peritoneocentesis: abdominal paracentesis.....	10.00
3599	Insertion of radioactive substance into the peritoneal cavity (excluding radioactive substance)...	10.00

Excision

3605	Omentectomy: epiplo-ectomy; resection of omentum (independent procedure).....	100.00
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Introduction

	<i>Pneumoperitoneum: intraperitoneal injection of air</i>	
3611	Initial.....	10.00
3612	Each additional.....	5.00
3619	Hernia, injection treatment of.....	Maximum 35.00
3621	Peritoneoscopy.....	25.00

Repair

	<i>Hernioplasty: Herniorrhaphy: Herniotomy:</i>	
	<i>Inguinal</i>	
3631	Unilateral.....	100.00
3635	Recurrent.....	100.00
3638	Bilateral.....	150.00

Femoral

3646	Unilateral.....	100.00
3651	Recurrent.....	100.00
3654	Bilateral.....	150.00
3661	Ventral, incisional (independent procedure).....	100.00
3665	Umbilical (independent procedure).....	100.00

Destruction

3725	Division of peritoneal adhesions (independent procedure).....	100.00
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URINARY SYSTEM*Kidney**Incision*

3811	Nephrolithotomy with removal of calculus.....	200.00
3815	Pyelotomy with exploration.....	200.00

Excision

3821	Nephrectomy, with or without ureterectomy....	200.00
3823	Heminephrectomy.....	200.00

Repair

3831	Pyeloplasty: plastic operation on renal pelvis, with or without plastic operation on ureter....	200.00
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3835 Nephropexy: fixation or suspension of movable kidney (*independent procedure*).....\$150.00

Ureter

Incision

3851 Ureterotomy with exploration or drainage (*independent procedure*).....100.00
3857 Ureterolithotomy.....100.00

Repair

3876 Ureterocystostomy: anastomosis of ureter to bladder.....150.00
3880 Ureterocenterostomy: anastomosis of ureter to intestine.....200.00
Ureterostomy: transplantation of ureter to skin
3884 Unilateral.....100.00
3885 Bilateral.....150.00
3889 With cystectomy.....200.00

Bladder

Incision

3901 Cystotomy with exploration or fulguration.....100.00
3904 With insertion of radioactive substance.....100.00
3906 Cystostomy with drainage.....50.00

Excision

3918 Transurethral resection of vesical neck, female...75.00
3922 Excision of bladder tumor (*abdominal approach*)...100.00
3924 Transurethral resection of bladder tumors.....75.00

Endoscopy (*independent procedure*)

3931 Cystoscopy, for observation.....15.00
3935 With ureteral catheterization or dilatation.....25.00
3937 With stone removal.....50.00
3941 With fulguration of bladder tumor.....50.00

Suture

3961 Cystorrhaphy: suture of bladder wound, injury or rupture.....100.00
3965 Closure of vesicovaginal, vesicouterine or vesicorectal fistula.....150.00
3969 Cystoplasty.....150.00

Urethra

Incision

3971 Urethrotomy, external (*independent procedure*) anterior.....75.00
3977 Meatotomy: cutting of meatus (*independent procedure*).....5.00

Excision

3981 Urethra, excision of lesion.....50.00
3989 Urethra, fulguration of lesion (*caruncle*).....15.00
3991 Excision of diverticulum of urethra (*independent procedure*).....50.00

Endoscopy

4006 Urethroscopy, with fulguration of posterior urethra 15.00

Repair

4011 Urethroplasty: plastic operation on urethra.....100.00

Manipulation

4031 Dilatation of urethral stricture by passage of sound \$5.00
(Maximum—7 per agreement year)

MALE GENITAL SYSTEM

Penis

Excision

4115 Amputation of penis, complete.....100.00
4122 Circumcision, newborn.....10.00
4123 Circumcision, under age of 12.....15.00
4125 Circumcision, over 12 years—adult.....25.00

Repair

4131 Plastic operation on penis for hypospadias.....100.00

Testis

Excision

4141 Testicular biopsy.....15.00
Orchiectomy, simple
4144 Unilateral.....50.00
4145 Bilateral.....75.00
4146 Radical, unilateral.....125.00

Repair

Orchiopexy, one or more stages without hernia repair
4153 Unilateral.....75.00
4154 Bilateral.....100.00

Epididymis

Excision

Epididymectomy
4176 Unilateral.....50.00
4177 Bilateral.....75.00

Tunica Vaginalis

Incision

4191 Puncture aspiration of hydrocele.....10.00

Excision

Excision of hydrocele
4201 Unilateral.....50.00
4202 Bilateral.....75.00

Vas Deferens

Excision

Vasectomy, complete or partial (*independent procedure*)
4241 Unilateral.....25.00
4242 Bilateral.....40.00

Spermatic Cord

Excision

Excision of varicocele (*independent procedure*)
4275 Unilateral.....50.00
4276 Bilateral.....75.00

Seminal Vesicles

Excision

4291 Vesiculectomy (*independent procedure*).....100.00

Prostate

Incision

4301 Prostatotomy; external drainage of prostatic abscess.....\$50.00

Excision

4310 Perineal needle biopsy..... 15.00
 4311 Prostatectomy, perineal, subtotal.....150.00
 4313 Radical.....150.00
 4316 Prostatectomy, suprapubic, one or two stages.....150.00
 4319 Perineal exploration through prostatic incision....100.00

Endoscopy

4321 Prostatectomy, transurethral resection.....150.00

FEMALE GENITAL SYSTEM

Vulva

Incision

4409 Perineotomy..... 25.00

Excision

4423 Vulvectomy, complete.....100.00
 Local Excision of Lesion of External Female Genital Organ
 See Integumentary System, Code No. 0178
 4431 Excision of hymen: Hymenectomy..... 10.00
 4433 Excision or cautery destruction of Bartholin's gland or cyst..... 50.00
 4436 Excision or fulguration Skene's Glands..... 10.00

Vagina

Incision

4461 Colpotomy with exploration or drainage of pelvic abscess..... 50.00

Excision

4476 Excision of vaginal cyst or tumor..... 50.00

Repair

Colpoplasty
 4481 Anterior vaginal wall; repair of cystocele (*independent procedure*).....100.00
 Colpoperineoplasty
 4486 Posterior vaginal wall; repair of rectocele and perineoplasty; pelvic floor repair..... 75.00
 4488 Anterior and posterior vaginal walls; repair of cystocele, rectocele, and perineoplasty.....125.00

Suture

4501 Colporrhaphy; suture of recent injury of vagina (*non-obstetrical*)..... 50.00

Endoscopy

4521 Culdoscopy (*independent procedure*)..... 25.00

Oviduct

Excision

4541 Salpingectomy, complete or partial, unilateral or bilateral (*independent procedure*).....100.00
 4545 Salpingo-oophorectomy, complete or partial, unilateral or bilateral (*independent procedure*).....100.00

Ovary

4583 Complete oophorectomy, unilateral or bilateral (*independent procedure*).....\$100.00

Uterus and Cervix Uteri

Excision

Biopsy of cervix (*independent procedure*)
 4610 Requiring hospitalization..... 20.00
 4611 Not requiring hospitalization..... 10.00
 4614 Hysteromyomectomy: myomectomy; excision of fibroid tumor of uterus.....100.00
 Hysterectomy (*with or without dilatation and curettage and surgery on tubes, ovaries, ligaments, etc.*)
 4617 Panhysterectomy: total hysterectomy (*corpus and cervix*).....150.00
 4621 Supracervical hysterectomy: subtotal hysterectomy.....150.00
 4627 Radical hysterectomy for cancer (*Wertheim*).....200.00
 4631 Hysterectomy, with pelvic floor repair.....200.00
 4634 Trachelectomy: cervicectomy; amputation of cervix (*independent procedure*).....100.00
 Local excision of lesion of cervix (*cauterization or conization*)
 4641 Requiring hospitalization..... 25.00
 4649 Not requiring hospitalization..... 10.00
 4644 Dilatation and curettage with other related procedures on the cervix..... 35.00
 4647 Dilatation and curettage of uterus (*independent procedure*)..... 25.00

Repair

4681 Hysteropexy (*with or without surgery on tubes, ovaries, ligaments, etc.*).....100.00
 4683 With presacral sympathectomy.....100.00
 4690 With parametrial fixation (*Manchester*) with or without pelvic floor repair.....125.00
 4696 Tracheloplasty; plastic repair of uterine cervix (*Emmett*)..... 50.00

Manipulation

Dilatation of cervix, instrumental (*independent procedure*)
 4718 Requiring hospitalization..... 15.00
 4711 Not requiring hospitalization..... 5.00

OBSTETRICAL

Fetus and Fetal Structures

Incision

4801 Classic Cesarean section.....100.00

Excision

4811 Removal of extrauterine embryo (*ectopic pregnancy*), by laparotomy.....100.00

Manipulation

4821 Obstetrical delivery..... 60.00
 4829 Version (*necessary*).....100.00
 4855 Miscarriage or abortion, including dilatation and curettage..... 25.00
 4849 Obstetrical delivery and circumcision..... 70.00

ENDOCRINE SYSTEM

Thyroid Gland

Excision

4911	Local excision of cyst or adenoma of thyroid.....	\$100.00
4914	Thyroidectomy, total or complete.....	150.00
4917	Thyroidectomy, subtotal or partial.....	150.00
4921	Hemithyroidectomy: lobectomy.....	100.00
4924	Thyroidectomy, total or subtotal, for malignancy with neck dissection.....	200.00
4941	Excision of thyroglossal duct, cyst or sinus.....	100.00

Parathyroid, Thymus, Pituitary,
Pineal, Adrenal and Carotid Glands ^{1ds}

Excision

4971	Parathyroidectomy.....	150.00
4975	Thymectomy.....	200.00
4980	Hypophysectomy.....	200.00
4988	Adrenalectomy.....	200.00

NERVOUS SYSTEM

Structures Overlying the Meninges,
Brain and Spinal Cord

Incision

Craniotomy

5001	Trephination (or burr holes) exploratory, unilateral or bilateral.....	50.00
5011	Decompression, subtemporal.....	100.00

Excision

5021	Laminectomy.....	150.00
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Repair

5031	Cranioplasty: plastic operation on skull with bone graft or metal or plastic plate.....	200.00
5040	Repair of meningocele (spina bifida).....	100.00

Meninges and Meningeal Vessels

Incision

5057	Spinal puncture; lumbar puncture (independent procedure) (\$ per agreement year) ..	10.00
5062	Cisternal puncture (for pneumoventriculography) ..	25.00

Introduction

5081	Encephalography (independent procedure).....	25.00
5084	Myelography (independent procedure).....	25.00

Brain

Excision

5154	Excision of brain cyst, neoplasm or abscess.....	200.00
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Introduction

5171	Ventriculography.....	50.00
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Spinal Cord and Nerve Roots

Incision

5207	Chordotomy: tractotomy or division or transection of nerve tracts in cord.....	150.00
5211	Rhizotomy: division or transection of nerve roots.....	150.00

Excision

5221	Excision of lesion of spinal cord (neoplasm, cyst) ..	200.00
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Postlpheral Nerves, Cerebral Nerves and Ganglia

Incision

5250	Transection of trigeminal and glossopharyngeal nerve.....	\$100.00
5258	Transection of vagus nerve: vagotomy, vagotomy (abdominal).....	150.00
5263	Exploration of brachial plexus (independent procedure).....	100.00

Excision

5271	Excision of peripheral neuromata.....	10.00
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Introduction

5294	Superficial injection of alcohol (supra-orbital, infra-orbital, mandibular, inferior dental, or mental nerves).....	15.00
5296	Deep injection of alcohol (second and third divisions for trigeminal neuralgia).....	25.00

Diagnostic and Therapeutic Blocks

5298	Paravertebral block.....	10.00
	Subsequent.....	5.00
	Maximum.....	20.00
5301	Caudal (epidural) block (limit—\$ per agreement year).....	10.00
5310	Suprascapular nerve.....	10.00
	Subsequent.....	5.00
	Maximum.....	20.00
5312	Intercostal nerve.....	10.00
	Subsequent.....	5.00
	Maximum.....	20.00
5297	Injection of nerve (nerve block).....	10.00
5300	Sympathetic block (cervical, thoracic or lumbar)....	25.00
5309	Multiple.....	35.00

Repair

5330	Nerve, anastomosis of.....	100.00
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Destruction

	Neurotrippsy: crushing of nerve	
5341	Phrenicotripsy.....	35.00
5345	Neurolysis: freeing of nerve (adhesions, callus); transposition of nerve.....	100.00

Suture

5351	Suture of nerve (recent injury).....	100.00
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Vegetative Nervous System

Excision

	Sympathectomy	
5371	Cervical, unilateral.....	100.00
5372	Bilateral or two stage.....	200.00
5375	Cervicothoracic, unilateral.....	100.00
5376	Bilateral or two stage.....	200.00
5381	Lumbar, unilateral.....	100.00
5382	Bilateral or two stage.....	200.00
5385	Splanchnicectomy.....	100.00

EYE

Eyeball

Excision

- 5411 Eucleation of eyeball (bulb or globe) with or without orbital implant\$100.00
 5417 Evisceration of eyeball with or without orbital implant.....100.00

Suture

- 5431 Suture of eyeball for wound or injury 50.00

Cornea

Incision

- 5441 Keratotomy, any type 50.00
 5443 Paracentesis of cornea (keratocentesis) 25.00
 5445 Removal of foreign body from surface of cornea.. 10.00

Excision

- 5452 Keratectomy, complete..... 50.00

Introduction

- 5461 Tattoo of cornea, mechanical or chemical..... 25.00

Repair

- 5471 Keratoplasty; corneal transplant.....150.00

Suture

- 5481 Suture of perforating wound of cornea..... 75.00

Sclera

Incision

- 5491 Sclerotomy, operative incision, with removal of intra-ocular foreign body (with or without magnet).....100.00
 5492 Sclerotomy, operative incision with removal of foreign body from anterior chamber (with or without magnet).....100.00
 5494 Sclerotomy with drainage: scleral fistula: sclerotomy..... 75.00

Excision

- 5501 Sclerectomy for glaucoma, with scissors, punch or trephination (Lagrange, Helth, Elliott)....100.00

Suture

- 5521 Suture of sclera for wound or injury..... 50.00

Repair

- 5529 Scleroplasty—scleral shortening.....100.00

Iris and Ciliary Body

Incision

- 5532 Iridotomy with transfixion of iris; iris bambe..... 50.00

Excision

- 5541 Excision of lesion of iris..... 50.00
 5547 Peripheral iridectomy..... 50.00

Destruction

- 5551 Diathermy of the ciliary body; cyclodiathermy... 50.00
 5552 Iridodialysis..... 50.00

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- 5553 Corelysis.....\$50.00
 5554 Cyclodialysis.....100.00

Manipulation

- 5571 Iridodasis (iridencrasis): Stretching of iris (independent procedure).....100.00

Crystalline Lens

Incision

- 5601 Discision: needling of lens..... 50.00
 5605 Capsulotomy..... 50.00

Excision

Extraction of lens

Intracapsular or extracapsular with preliminary iridectomy

- 5613 Unilateral.....150.00
 5614 Bilateral.....200.00
 5615 Congenital or traumatic.....100.00
 5616 Linear..... 50.00
 5617 Capsulectomy..... 50.00

Vitreous

Incision

- 5621 Aspiration of vitreous..... 50.00

Retina

Repair

- 5631 Reattachment of retina, electro-coagulation.....200.00
 5633 Reattachment of retina and choroid.....200.00

Ocular Muscles

Myotomy, tenotomy, recession, resection, advancement or shortening of ocular muscles (cutting of extrinsic eye muscles)

- 5641 Single muscle..... 75.00
 5642 Two muscles.....100.00
 5643 Three muscles.....125.00
 5644 Four muscles.....150.00

Orbit

Incision

- 5651 Orbitotomy with exploration.....100.00
 5652 With drainage of intra-orbital abscess..... 50.00
 5653 With removal of intra-orbital foreign body..... 50.00

Excision

- 5661 Biopsy of orbit..... 25.00
 5666 Exenteration or evisceration of orbital contents..100.00

Repair

- 5681 Plastic repair of orbit.....100.00

Eyelids

Incision

- 5691 Blepharotomy with drainage of abscess of eyelid.. 20.00
 5692 With drainage of meibomian glands; hordeolum (stye) 10.00
 5697 Tenotomy of levator palpebrae muscle..... 50.00

Excision

- 5701 Blepharectomy; excision of lesion of eyelids..... 10.00

25

5703	Excision of meibomian glands (<i>chalazion</i>)	\$10.00
5706	Tarsotomy; excision of tarsal cartilage for trachoma	50.00
	Epilation	
5712	Electrolytic	15.00
5713	Mechanical	5.00

Repair

5721	Blepharoplasty: plastic repair of eyelid, with graft, any type	150.00
5723	Canthoplasty: plastic repair of canthus	75.00
5724	Plastic restoration of eyebrow (<i>by graft</i>)	150.00
5725	Tarsoplasty: plastic repair of tarsal cartilage	75.00
5726	Reposition of cilia base	75.00
5727	Plastic operation for ptosis	150.00
5728	Cautery puncture for entropion	10.00

Suture

5731	Blepharorrhaphy: suture of eyelid	20.00
5734	Tarsorrhaphy: suture of tarsal cartilage	25.00

*Conjunctiva**Incision*

5741	Removal of foreign body from surface of conjunctiva	5.00
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Excision

5753	Excision of lesion of conjunctiva: cyst	25.00
5756	Pterygium	25.00
5760	Grattage: scraping of conjunctiva (<i>trachoma follicles</i>)	20.00
5763	Peritomy: peritomy; excision of pannus	25.00

Repair

5771	Conjunctivoplasty—Free graft of conjunctiva	75.00
5773	Free graft of mucous membrane	75.00

Suture

5781	Suture of conjunctiva	10.00
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*Lacrimal Tract**Incision*

5801	Drainage of lacrimal gland (<i>abscess</i>)	25.00
5803	Drainage of lacrimal sac: dacryocystostomy	25.00
5805	Slitting of lacrimal papilla	5.00

Excision

5811	Excision of lacrimal gland: dacryodeneotomy	75.00
5813	Excision of lacrimal sac: dacryocystectomy	75.00

Introduction

5831	Plastic operation on canaliculi	20.00
5833	Dacryocystorhinostomy: fistulization of lacrimal sac into nasal cavity, with or without anterior ethmoidectomy (<i>Tofi</i>)	150.00

Manipulation

5843	Probing of lacrimonasal duct	5.00
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EAR*Incision**External Ear*

5907	Drainage of furuncle of ear	\$5.00
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Excision

5931	Removal foreign body of ear	5.00
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Repair

5941	Otoplasty: Plastic operation on ear	
	Unilateral	100.00
	Bilateral	150.00

*Middle Ear**Incision*

5961	Myringotomy: tympanotomy: plicotomy	5.00
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Excision

	Mastoidectomy, simple	
5971	Unilateral	100.00
5972	Bilateral	150.00
5975	Radical, single or bilateral	200.00
5980	Exenteration of air cells of petrous pyramid	150.00

*Internal Ear**Repair*

6031	Fenestration of semicircular canals	200.00
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The payments shown in the preceding list of procedures are not intended to fix the value of the Doctors' services or relate to such values.

HOSPITAL SERVICE  CORP. OF ALABAMA
2119 FIRST AVENUE, NORTH BIRMINGHAM, ALABAMA

Miss Helen Cummings
Box 158-A Route 3
Birmingham, Alabama

FULLY
PAID 



HOSPITAL SERVICE CORPORATION OF ALABAMA

INTER-OFFICE



MEMORANDUM

From H. F. Singleton

Subject Haleyville Hospital
Haleyville, Alabama

To All Department Managers

Date January 22, 1952

copy

Please remove the above named hospital from your list of member hospitals as it was closed on November 15, 1951.

H. G. Singleton,
Executive Director

HFS/cjm

copy

HOSPITAL SERVICE CORPORATION OF ALABAMA

INTER-OFFICE



MEMORANDUM

From J. G. McCormick

Subject Haleyville Hospital

To Mr. John Harris, Comptroller

Date January 18, 1952

Our records indicate the Haleyville Hospital was entered to membership in our plan on June 16, 1947 on a basis of 42 beds on which they paid a membership assessment of \$2.50 per bed, amounting to \$105.00, which amount stands to their credit.

They also paid a membership fee on 42 beds of \$8.00 per bed amounting to \$336.00. Please make appropriate entries to remove this hospital from our membership register.

A copy of this memorandum is being attached to the agreement made with the above hospital on January 17, 1952 and a copy is being given to Mr. Singleton for placing in this hospital's file. ✓

J. G. McCormick
Property & Disbursement Mgr.

JGM/sp

CC: Mr. H. F. Singleton

THE
CHIEF
HONORARY
F. HUBBARD
C. CRADDOCK

AMA
AMA

DR. A. E. JACKSON, President
DR. W. H. ALLEN, Vice-President
DR. J. H. HARRIS, Secretary
DR. H. M. CARRINGTON, Treasurer
ED. E. MOORE, Manager
ED. E. MOORE, Assistant Manager

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DR. A. E. JACKSON, Chairman
DR. J. H. HARRIS, Vice-Chairman
DR. W. H. ALLEN, Secretary
DR. H. M. CARRINGTON, Treasurer
ED. E. MOORE, Manager
ED. E. MOORE, Assistant Manager

HOSPITAL SERVICE

2110 FIRST AVENUE, NORTH



CORP. OF ALABAMA

BIRMINGHAM 3, ALABAMA

March, 1948

Dear Subscriber:

Your Blue Cross Plan, Hospital Service Corporation of Alabama, is a non-profit community sponsored organization, extending benefits to nearly 225,000 Alabamians.

Your contract guarantees you certain services to be furnished by our member hospitals -- 70 of them in Alabama -- and these services are provided regardless of cost. The operating expense of our hospitals, however, has increased during the past several years in the same ratio as has your own living expense, and your Corporation has absorbed several increases in hospital rates at no additional cost to you.

Hospital Service Corporation was organized in 1936 - over 11 years ago, - and the fees fixed at that time have not been changed in all of these years. We have stretched your membership dollar every way possible, but it still won't cover present day cost of hospitalization. Because of the continued higher cost of hospital care, it now becomes necessary to increase subscribers' fees, and you will find the new rates set out in the enclosed folder.

Benefits under our contract have been increased many times during the past 11 years, and the most recent increase was on March 1, 1947, when we began to provide 30 days of hospitalization, instead of 21 days each benefit year.

This letter is to advise you that your present contract will be terminated in accordance with provisions contained therein, on the next quarterly payment date of said contract in April, 1948, and you will find enclosed a new contract effective on that same date, which will replace the old contract. You will retain your same contract number and same period for service benefits. No change is being made in the Medical-Surgical Rider, and if this Rider is now attached to your present Hospital Service Contract, will you kindly transfer it to the new contract.

Very truly yours,

Ed Moore
Manager.

IMPORTANT - TO ALL WOMEN SUBSCRIBERS WHOSE HUSBANDS DO NOT HAVE OUR SERVICE - Note carefully the condition appearing in Paragraph 3 of Section 11 of your new contract enclosed, which provides that maternity benefits will not be available to you beyond twelve months from the effective date of this new contract, unless your husband has also been enrolled as a member for a period of at least 12 months. If your husband is not now a member, kindly return the enclosed card, and we will send you the full particulars for his enrollment.

ESM

5-1-41.

*Letter sent out with Revised Cert. 5-1-41.*Hospital Service Corporation
of AlabamaDR. J. E. JACKSON, President
DR. J. E. JACKSON, Vice President
DR. J. E. JACKSON, Secretary
DR. J. E. JACKSON, Treasurer
DR. J. E. JACKSON, ManagerEXECUTIVE COMMITTEE
DR. A. C. JACKSON, Chairman
DR. J. E. JACKSON, Vice Chairman
DR. J. E. JACKSON, Secretary
DR. J. E. JACKSON, Treasurer
DR. J. E. JACKSON, Manager

HOSPITAL SERVICE

CHAMBER OF COMMERCE BLDG.



CORP. OF ALABAMA

BIRMINGHAM, ALABAMA

Dear Subscriber:

Re: Revised CertificateHere is your new certificate and identification card. This time you get INCREASED BENEFITS only:

21 days of hospital care in each contract year, plus 1 day to be added at end of each year for 5 years, for new and renewed Certificates on and after May 1, 1941, except in pregnancy cases (cases resulting from pregnancy, and all complications incident to pregnancy) 7 days only are allowed, and except in Caesarean Sections 14 days will be allowed.

Many of the clauses in the certificate have been written in plainer language to avoid misunderstanding--read this new certificate carefully.

Just to refresh your memory we repeat:

- (1) Hospital Service Corporation is controlled and operated by 54 Alabama hospitals;
- (2) Only Hospital Service Corporation can sell you HOSPITAL SERVICE, for only hospitals can render this service;
- (3) This is a NON-PROFIT organization--a community service;
- (4) Any profit made will be expended for benefit of members in increased benefits.

May we remind you again:

- (1) Admission to a hospital except when necessary is unfair, and your privilege to be admitted to a hospital should not be used as a convenience.
- (2) Don't persuade your doctor to let you stay "just another day" when he says you can go home--that's cheating your fellow members.
- (3) Let's all play fair and we can have our benefits increased again.

Sincerely yours,

Ed Moore

Manager.

ESM:s
Encl.

As the United States which already have received over 6,000,000 people.

Any person who is the owner of this problem.